

Public Health System Improvement

To address our mission through 2012, the Division believes a strong public health system is needed. This Division will actively pursue the following actions.

- Update Montana's public health statutes and administrative rules to more accurately reflect current public health threats and practices.
- Determine a policy-making forum and process for the public health system, define the roles and responsibilities of the persons involved, and assure that all decisions that have statewide implications are handled in a consistent manner.
- Continue to build the Division's epidemiology, surveillance and analytical capabilities and strive to turn data into information for action.
- Establish a monthly communication with relevant, timely public health messages to public health professionals, health care providers and other public health system partners.
- Stabilize the funding structure for Montana's public health laboratories.
- Strive to use accepted public health system standards and guidelines and evidence-based practices.
- Support and enhance a stable, well-trained and competitively compensated public health workforce.
- Improve public health information technology.
- Strengthen partnerships with local and tribal public health agencies, health care providers and other divisions within the DPHHS.
- Promote policy changes that address priority public health issues (such as tobacco control, insurance coverage, injury prevention, and environmental health/conservation).

Division Workforce Development

To address our mission through 2012, the Division believes a strong workforce and healthy workplace are needed. The Division will actively pursue the following actions.

- Continue to assess workforce issues (e.g. job satisfaction, communication, performance management) and engage employees in creating solutions.
- Assure that clear, strategic Division goals and objectives are developed in concert with Division staff.
- Assure that Division policies and procedures, as well as Department job postings, are easily accessible at the Department's OURS intranet site.
- Increase communication by using employee work groups and labor/management groups, publishing minutes from management meetings, expanding opportunities for interaction between sections and promoting effective meetings.
- Improve employee satisfaction and increase retention by providing a standardized orientation, opportunities for professional development, cross-training and exit interviews.
- Provide ongoing staff recognition and appreciation.
- Improve working relationships by promoting respect in the workplace and providing supervisory training.
- Improve internal procedures through written procedures and protocols that are uniformly applied and consistent contract language for all programs.



Montana Department of
Public Health & Human Services

The role of the public health system is to assure the conditions necessary for people to live healthy lives through community-wide prevention and protection programs.

- The public health system: Controls disease through prevention and timely detection • Protects against environmental hazards • Prevents injuries
- Promotes and encourages healthy behaviors
 - Responds to disasters and assists communities in recovery
 - Promotes the quality and accessibility of health services

The mission of the Public Health and Safety Division is to improve the health of Montanans to the highest possible level.

Health Improvement Priorities

To address our mission through 2012, we will strengthen those public health programs that yielded some of the most remarkable public health improvements during the 20th century.

- Maintain high childhood immunization rates for diphtheria, tetanus, pertussis and other conditions, as well as high adult immunization rates for pneumococcal disease and influenza.
- Maintain quality, state of the art and timely laboratory services.
- Enhance food and consumer safety and other environmental health programs.
- Maintain programs that provide services to women (pre-pregnancy, prenatal and post-natal, victims of rape and sexual assault) and children.
- Promote reproductive and sexual health and control sexually-transmitted diseases.
- Promote programs that increase the number of healthcare providers in areas with unserved/underserved populations.

To address our mission through 2012, the Division will emphasize the following health improvement priorities. These are major public health issues that are currently not being addressed or are not being adequately addressed, with an emphasis on issues for which there is a science base of proven effective interventions.

- Increase the proportion of healthy Montana babies (under 1 year) by promoting: the baby-on-back sleep position and safe environments; and adequate prenatal care to include breastfeeding education, smoking cessation and substance abuse interventions for pregnant women.
- Reduce unintentional injuries to children, adolescents and young adults (ages 1-44) by promoting: seat belt, safety seat and helmet use; programs to decrease drinking/driving; enforcement of graduated driver's license law and other regulations, as well as parental supervision for young drivers.
- Increase the number of tobacco-free Montanans by promoting the prevention of youth and adult tobacco use, promoting programs for the cessation of tobacco use, and supporting policies that reduce the public's exposure to second-hand smoke.
- Increase the number of Montana citizens who achieve and maintain a healthy weight by: establishing programs to increase physical activity and improve dietary choices; and promoting community, home, and workplace environments that encourage healthy behavior and habits.
- Reduce chronic diseases (cancer, heart disease, stroke, diabetes) in adults aged 45 to 64 by promoting: healthy lifestyles; prevention education and awareness; early detection; and efforts to improve health care delivery.
- Prepare to respond to public health events and emergencies through high-functioning communicable disease surveillance and control, including enhanced laboratory and immunization services.

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



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Joint Appropriation Subcommittee

PUBLIC HEALTH & SAFETY DIVISION

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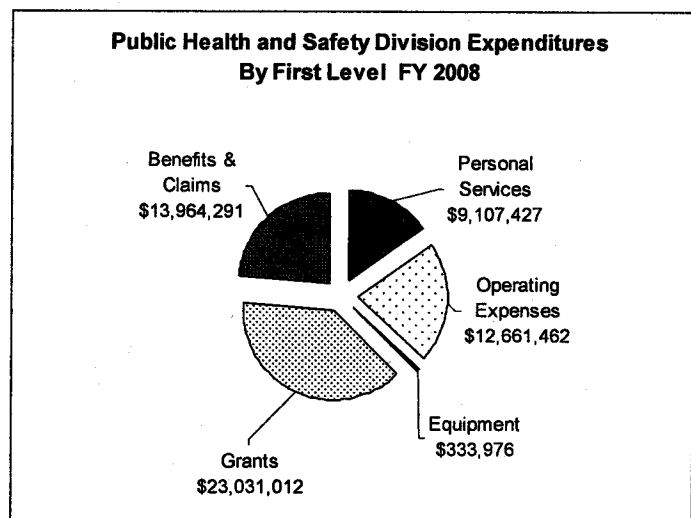
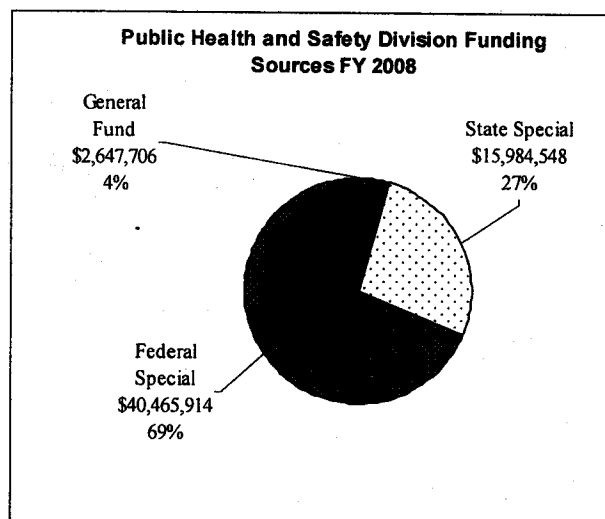
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FUNDING AND FTE INFORMATION

	2009 Biennium	2011 Biennium	% of Total	Difference	% of Difference
PUBLIC HEALTH & SAFETY DIVISION					
FTE	183.02	184.02		1.00	
Personal Services	19,780,360	20,836,074	15.9%	1,055,714	10.9%
Operating	27,685,466	26,833,506	20.4%	(851,960)	-8.8%
Equipment	582,538	967,952	0.7%	385,414	4.0%
Grants	46,759,257	48,759,944	37.1%	2,000,687	20.7%
Benefits & Claims	26,833,380	33,903,505	25.8%	7,070,125	73.2%
	121,641,001	131,300,981	100.0%	9,659,980	100.0%
General Fund	5,054,715	6,671,291	5.1%	1,616,576	16.7%
State Special Fund	32,988,088	35,762,127	27.2%	2,774,039	28.7%
Federal Fund	83,598,198	88,867,563	67.7%	5,269,365	54.5%
	121,641,001	131,300,981	100.0%	9,659,980	100.0%

from fund of 1990 of budget

THE FOLLOWING FIGURES PROVIDE FUNDING AND EXPENDITURE INFORMATION FOR FY 2008 FOR THE PUBLIC HEALTH & SAFETY DIVISION



OVERVIEW

The mission of the Public Health and Safety Division (PHSD) is to improve the health status of Montanans to the highest possible level. To accomplish this mission, the PHSD strives to use data to drive program and policy decisions, to implement programs for which there is a science base, and to evaluate and continuously improve them. The PHSD provides a wide range of services aimed at:

- understanding the health status of our citizens,
- promoting healthy lifestyles,
- preventing and controlling communicable and chronic diseases,
- improving the public health system, and
- assuring the public health system is prepared to address all types of public health events and emergencies.

Services are delivered primarily through more than 300 contracts with local and tribal public health agencies, as well as private providers, clinics, hospitals and other community organizations. The PHSD's strategic plan is provided as **Attachment 1**.

In addition, the division operates two laboratories, one provides clinical laboratory testing for humans, such as for influenza, HIV and newborn screening, and the other, environmental laboratory testing mostly of water, such as for bacteria, nitrates and heavy metals.

SUMMARY OF MAJOR FUNCTIONS

Chronic Disease Prevention and Health Promotion

- Tobacco use prevention
- Cancer control
- Cardiovascular disease, diabetes, asthma prevention and control
- Nutrition and physical activity
- Emergency medical services and trauma system

Communicable Disease Control and Prevention

- General communicable disease control
- Immunization
- STD/HIV prevention and control
- Food and consumer safety

Family and Community Health

- Maternal and child health services
- Family planning
- WIC
- Children with special health care needs
- Public health home visiting (MIAMI)
- Health professional designations and provider recruitment

Laboratory Services

- Public health laboratory
- Environmental laboratory
- Environmental health

Office of Public Health Preparedness and Training

- Public health emergency preparedness
- Hospital emergency preparedness
- Public health training

Public Health System Improvement

2009 BIENNIUM GOALS AND OBJECTIVES

1. **Goal:** Reduce the burden of chronic disease, injury and trauma in Montana.

- a. **Objective/Measurement:** By June 2009, decrease the proportion of high school students who report smoking cigarettes in the past 30 days from 20% (2007) to 18%.

Status: In progress - The Montana Tobacco Use Prevention Program (MTUPP) uses two data sources to measure progress in reducing youth smoking rates. The Youth Risk Behavior Survey (YRBS) is conducted every odd year and the Prevention Needs Assessment (PNA) is conducted every even year. The prevalence of smoking among high school youth from the 2007 YRBS was 20%. The prevalence of smoking among high school youth from the 2006 and 2008 PNA was 17% and 16%, respectively. The proportion of youth in grades 8, 10 and 12 who have ever tried cigarettes has steadily declined from 57% in 2004 to 36% in 2008. (See **Attachments 2-4**)

- b. **Objective/Measurement:** By June 2009, decrease the proportion of high school students who report spit tobacco use in the past 30 days from 13% (2007) to 11%.

Status: In progress - The MTUPP uses the same data sources described above to measure progress in reducing youth spit tobacco use rates. The prevalence of spit tobacco use among high school youth from the 2007 YRBS was 13%. The prevalence of spit tobacco use among high school youth from the 2006 and 2008 PNA was 9% and 9%, respectively. The proportion of boys in grades 8, 10 and 12 who have ever tried spit tobacco has declined from 41% in 2004 to 30% in 2008. (See **Attachments 2, 3 and 5**)

- c. **Objective/Measurement:** By June 2009, maintain the average number of intake calls per month to the Montana Tobacco Quit Line at 700 calls per month.

Status: Achieved - The MTUPP has increased the average number of intake calls per month to the Quit Line from 471 in 2006 to 843 in 2008. Over 10,000 Montanans called the quit line in 2008. This was achieved by implementing paid and earned media (e.g., television and radio advertisements), and local outreach through our community-based programs. The three, six, and twelve month abstinence rates for the Montana quit line in 2008 are 35%, 32%, and 30%, respectively. (See **Attachment 6**)

- d. **Objective/Measurement:** By June 2008, assess the capacity of Montana clinicians to increase colorectal cancer screening in persons aged 50 years and older.

Status: Achieved - The Comprehensive Cancer Control Program has completed a statewide survey of medical providers to assess the capacity for increased colonoscopy for colorectal cancer screening in Montana. Ninety-eight percent of hospitals and ambulatory surgical centers performing colonoscopies in Montana completed the assessment. The number of screening colonoscopies performed was estimated at 19,444 procedures in 2008. Unused colonoscopy screening capacity was estimated at 23,096 procedures for 2008. Although similar total capacity existed in urban and rural areas, more unused capacity existed in rural areas. The results are being used to determine local needs for education and outreach to the public and medical professionals to increase colorectal cancer screening.

- e. **Objective/Measurement:** By June 2009, increase the proportion of persons aged 50 years and older who have ever had a colorectal cancer screening examination from 53% (2006) to 58%.

Status: In progress – The Comprehensive Cancer Control Program utilizes the Behavioral Risk

Factor Surveillance Survey (BRFSS), a telephone survey of a random sample of non-institutionalized adults, to assess the prevalence of colorectal cancer screening. In 2006, 53% of adult Montanans 50 years of age and older indicated that they had ever had a sigmoidoscopy or colonoscopy performed by a physician. This increased to 57% in 2008.

- f. **Objective/Measurement:** By June 2008, identify four program sites and implement the diabetes and heart disease prevention program. By June 2009, conduct program evaluation of these activities to assess the efficacy of this intervention.

Status: Achieved – A pilot program translating the national Diabetes Prevention Program (DPP) into practice in Montana. The program issued a request for proposals (RFP) to fund four sites (sites in Billings, Helena, Miles City, and Missoula were selected). These sites successfully implemented an adapted group-based DPP lifestyle intervention. Adults at high risk for diabetes and cardiovascular disease were recruited and enrolled. Eighty-three percent of participants completed the 16 session program. Participants set targets to reduce fat intake and increase physical activity (≥ 150 minutes per week) in order to achieve 7% weight loss goal. Seventy percent of participants achieved the physical activity goal of ≥ 150 minutes/week. There was a significant decrease in participants' weight from baseline (mean 219 lbs) to week 15 (mean 204 lbs). The average weight loss per participant was 15 pounds, and 45% of participants achieved the 7% weight loss goal. (See **Attachment 7**)

2. **Goal:** Provide programs and services to improve the health of Montana's women, children and families.

- a. **Objective/Measurement:** By January 1, 2008, have administrative rule in place to require expanded newborn blood testing and have in place a contract for Newborn Screening Follow Up.

Status: Achieved - Administrative rules on newborn screening (NBS) were filed October 2007, and took effect January 17, 2008. An RFP was issued for the NBS Follow Up program in October 2007, and a contract was in place with Shodair Hospital for that program, effective January 16, 2008.

- b. **Objective/Measurement:** By June 30, 2009, assure that 95% of newborns receive timely follow up to definitive diagnosis and clinical management for condition(s) mandated by the state-sponsored newborn screening program.

Status: Achieved – As of January 2009, 12,392 (99%) of the 12,505 births in Montana were screened for metabolic conditions, and 12,021 (96%) were screened for hearing. Seventeen infants were definitively diagnosed through the program, and 100% of those infants have received clinical management services.

- c. **Objective/Measurement:** By December 31, 2007, increase the number of tribal sites providing Public Health Home Visiting Services (PHHV) through a Request for Proposals.

Status: Achieved - In January 2008, a RFP was sent to all tribal communities with the exception of Rocky Boys, which was already a contracted PHHV site. One proposal was received from Northern Cheyenne Board of Health, a contract was signed and services are being provided by this entity.

- d. **Objective/Measurement:** By June 30, 2009, examine the impact of home visiting on the incidence of low birth weight births in Montana.

Status: In progress - The proportion of low birth weight births (less than 5 pounds 8 ounces) among PHHV clients who gave birth in 2006 was 8.7%, while that among at risk pregnant women who did not receive PHHV services in 2006 was 9.4 %. To provide perspective, the proportion of low birth weight births in women not in the risk category was 6.3%. This information was derived from linked Medicaid and birth record data. (See **Attachment 8**)

Research has shown that tobacco use, alcohol use and illicit drug use during pregnancy may increase the incidence of low birth weight. The PHHV program provides education and assistance to clients on the importance of not using tobacco, alcohol or illicit drugs during pregnancy. Results suggest that PHHV may be having a desired effect on these risk factors. (See **Attachment 9**)

- e. **Objective/Measurement:** By June 30, 2009, reduce the rate of birth for teenagers aged 15 through 17 years to ~~9.3~~ 16 per 1,000. (NOTE: The goal of 9.3 per 1,000 was in error. This was miscalculated using the denominator for teenagers aged 15 to 19, but the numerator for 15 to 17).

Status: In progress - The birth rate for teenagers aged 15-17 in Montana in 2007 was 17.1. (See **Attachment 10**)

- f. **Objective/Measurement:** By June 30, 2008, assure that Title X Clinic contractors offer at least two contraceptive administration options (e.g., oral, patch or ring) to clinic clients.

Status: Achieved - A policy requiring Title X clinics to have at least two contraceptive administration options was implemented in September 2007, and all Title X Clinic contractors were in compliance by June 30, 2008.

- 3. **Goal:** Reduce communicable disease in Montana through a surveillance system based upon public health laboratory disease diagnosis and assessment.

- a. **Objective/Measurement:** Through June 30, 2009, maintain accurate, reliable laboratory testing services (including for human clinical and specimens and drinking water specimens) that are accessible to 95% of local health jurisdictions and public clinics.

Status: Achieved - Public Health Laboratory (PHL) clinical testing services were provided to residents of 98% of Montana counties in SFY 08. Only Carter County did not have documented PHL testing services, but residents may have traveled to health care facilities in other counties for services. Environmental Laboratory (EL) testing services were provided to residents of 93% of Montana counties in SFY 08. Only Golden Valley, Judith Basin, Petroleum and Wheatland counties could not be documented as receiving EL services.

- b. **Objective/Measurement:** By November 30, 2007, distribute grant monies to Board(s) of Health for tremolite asbestos-related disease benefits programs.

Status: Achieved - A RFP was posted on September 19, 2007 for Montana Boards of Health to apply for tremolite-asbestos disease benefits funding. The Lincoln County Board of Health was the only respondent. The contract was finalized on February 1, 2008 and the first year funds (\$750,000) were provided on February 15, 2008, however, the funding was used for health care benefits provided from July 1, 2007 through June 30, 2008. The second year funding (\$750,000) was provided on August 18, 2008 and will be used for benefits provided from July 1, 2008 through June 30, 2009.

- c. **Objective/Measurement:** By June 30, 2009, summarize use of tremolite asbestos-related

disease benefits grants, including the number of Montanans served and a breakdown of the services provided.

Status: In progress - \$750,000 was provided to Lincoln County Board of Health for services provided from July 1, 2007 to June 30, 2008; reported expenditures were \$914,890.70. Since the reported expenditures exceed the contract amount, DPHHS has requested information on the specific expenses reported. The report for the time period of July 1, 2008 through December 31, 2008 is due on January 31, 2009. (See **Attachment 11**)

4. **Goal:** A strong and prepared public health system that provides the foundation to respond to emergencies with a well-trained workforce.

- a. **Objective/Measurement:** By June 30, 2009, 75% of Montana's local and tribal health jurisdictions, in collaboration with local hospitals/clinics, will have participated in multi-jurisdictional pandemic influenza exercises that are evaluated and result in improved response plans.

Status: In progress- As of January 30, 2009, approximately 50% (30) of Montana's county and tribal public health agencies had participated in collaborative exercises related to pandemic influenza. Exercises included the testing of command and medical systems, delivery of vaccine and crisis communications. Additional opportunities for exercising multi-jurisdictional response systems are planned during the current grant period.

- b. **Objective/Measurement:** By June 30, 2009, the Public Health & Safety Division will make public health training and continuing education opportunities available that are accessible to 85% of Montana's public health workforce on an on-going basis.

Status: Achieved - The department's on-line Montana Training and Communication Center (TCC) enables any public health professional to access a library of over 100 public health courses. The department also offers a week-long educational opportunity in conjunction with the University of Washington, School of Public Health called the Summer Public Health Training Institute. This year the Institute included eight courses and was attended by more than 80 professionals in June 2008.

5. **Goal:** Reduce the incidence of communicable disease in Montana citizens through efforts in surveillance, epidemiology, prevention and treatment.

- a. **Objective/Measurement:** By June 30, 2009, increase the proportion of children aged 19-35 months who are fully immunized as recommended by the Advisory Committee on Immunization Practices from 65% in 2007.

Status: In progress - The data for this measurement come from a national survey and 2008 information will not be available until late 2009. However, the Department has taken steps to begin an aggressive effort aimed at increasing the proportion of Montana children meeting this goal. The PHSD has been awarded a Robert Wood Johnson Foundation grant to prepare state and local public health agencies for an upcoming voluntary accreditation program. The grant requires that we work on a specific quality improvement activity in order to learn the principles of QI and show a measurable improvement in a public health practice, as a part of our preparation for accreditation. We have selected this childhood immunization measure as our target. (See **Attachment 12**)

- b. **Objective/Measurement:** By June 30, 2009, develop baseline information to measure and to subsequently increase the percentage of Chlamydia cases in women for which contacts are

identified and followed up.

Status: In progress- The DPHHS Sexually Transmitted Disease (STD) Program is in the process of analyzing and evaluating the department's 2008 STD data. This evaluation will identify the proportion of reported Chlamydia cases with documentation of adequate follow-up of sexual contacts. Jurisdictions needing improvement with either documentation or follow-up will be contacted and provided with the technical assistance and/or training necessary to improve local procedures. During 2009, DPHHS staff will provide ongoing feedback and assistance regarding local STD follow-up and documentation to local health agencies on a quarterly basis. (See **Attachment 13**)

ACCOMPLISHMENTS AND BARRIERS ENCOUNTERED DURING THE 2009 BIENNIUM:

Accomplishments

In addition to the accomplishments reflected in the status report above, the division highlights the following.

Public Health System Improvements

The 2007 Montana Legislature passed HB 92, a bill that updated Montana's basic public health statutes, many of which had not been changed in 40-60 years. In addition, the 2007 Legislature provided a one-time-only \$75,000 biennial general fund appropriation to develop locally-driven solutions for creating public health infrastructure and surge capacity in rural and frontier counties in Montana. This funding allowed us to develop and deliver on-site orientations for local boards of health and health officers in 49 of 51 local health departments between April and December 2008. A second set of training sessions will occur this spring using a regional approach and allowing officials from neighboring jurisdictions time for joint planning to address public health events and emergencies.

In April 2008, the division competed successfully for a three-year Robert Wood Johnson Foundation grant to continue its public health system improvement activities and to begin to prepare Montana's state and local public health agencies for an upcoming voluntary national accreditation program.

Laboratory Improvements

Using federal funding from the Public Health Emergency Preparedness Grant, several recent upgrades were completed at the DPHHS Laboratory located in the Cogswell Building. In SFY07, all office areas of Environmental Laboratory on second floor were remodeled, and all laboratory testing areas were moved behind badge-protected doors to create the recommended level of security. A new organic laboratory was built for testing of herbicide, pesticide, and volatile organic compounds along with chemical terrorism testing. In SFY08, flooring and cabinetry was upgraded in the Public Health Laboratory. This included space in the serology, newborn screening, and microbiology laboratories, and in the supervisors' offices.

A final remodeling phase for the Environmental Laboratory is in progress, using long range building plan funds. This work will replace out-dated air handling mechanical systems, chemical fume hoods, and laboratory cabinets.

In late spring 2008, the Laboratory Services Bureau convened over 30 partners to conduct an assessment of the state's public health laboratory system, based on the 10 Essential Public Health Services defined by the leading national public health organizations. The vision for the state's laboratory system is to develop capacity to meet or exceed national performance standards. Several gaps were identified during the assessment process. A group of key partners who contribute to, or are impacted by, public health laboratory testing, has been formed to assist in addressing these gaps.

Tobacco Use Prevention

The Montana Tobacco Use Prevention Program receives approximately \$8.5M per year in tobacco master settlement agreement (I-146) funding. As described previously in this presentation, the Montana Tobacco Use

Prevention Program (MTUPP) achieved significant reductions in smoking and spit tobacco use rates among youth between 2000 and 2008. Additionally, in 2008, the tobacco quit line supported over 10,000 Montanans to quit using tobacco.

The MTUPP has successfully implemented the Montana Clean Indoor Air Act which has led to a reduction in the percentage of Montana workers exposed to secondhand smoke in their work place from 13% in 2005 to 5% in 2006. Between 2005 and 2008, support for the law as it pertains to restaurants (80% to 89%) and bars (62% to 76%) has increased significantly.

The MTUPP is working with seven Montana colleges to implement policies for smoke free/tobacco free campuses. Fort Peck Community College is the newest college participating in this activity. In 2008, the Program also implemented a program to support tobacco-free hospital campuses. From January through December 2008 the number of tobacco-free campuses increased from 11 to 16.

The MTUPP and our partners have implemented a number of activities to reduce tobacco use among pregnant women. A targeted public education campaign was developed and implemented to increase awareness of the harmful effects of tobacco use during pregnancy, the importance of quitting for the mother and baby, and promotion of the quit line. The MTUPP conducted outreach and education to nurse home health visitors, and Women Infants and Children providers in the state to promote cessation counseling and referrals to the quit line for women enrolled in this program. The MTUPP also conducted outreach to the obstetricians and gynecologists in Montana to encouraging referrals of pregnant smokers to the quit line.

MTUPP implemented a number of activities to address spit tobacco use in Montana. In 2008, the MTUPP and partners implemented the *Through With Chew* campaign to increase awareness of the harmful effects of spit tobacco use and to promote cessation. During that campaign the number of calls to the quit line from spit tobacco users doubled. The MTUPP developed, distributed and aired spit tobacco-specific quit line brochures, posters, and media. MTUPP also partnered with collegiate athletics on eight campuses and four Montana Pioneer Baseball teams, to provide on-site advertising at sporting events promoting tobacco cessation (smoking and spit tobacco) and the quit line utilization.

Chronic Disease Prevention

In 2007, funding from the tobacco master settlement agreement (I-146) was provided for chronic disease prevention programs that address tobacco-related disease. Funding was allocated to address acute stroke care \$625,000; diabetes and heart disease prevention \$625,000; asthma \$350,000; and comprehensive cancer control \$1.1M. Significant progress has been made in developing programs and implementing interventions in these areas.

Acute Stroke Care – Over the past two years the Montana Cardiovascular Health Program has implemented a number of activities to improve the system of care for stroke in the state. The program has conducted public education campaigns across the state and has increased community awareness of the warning signs for stroke and the need to call 911. Working with our partners in the Montana Stroke Initiative, the program has significantly improved the systems of stroke care in rural critical access hospitals and the primary stroke centers in Montana. Between 2004 and 2008, the percentage of critical access hospitals using the following tools has increased: 1) EMS in-field stroke victim assessment tools (from 47% to 72%); 2) community stroke awareness programs (from 14% to 49%); 3) written protocols for stroke in the emergency department (45% to 81%); and 4) written stroke treatment protocols (64% to 80%). In addition, CT scan availability has increased from 64% to 100%. The program has also established a “telestroke” program to allow rural hospitals to receive real-time consultation from stroke neurologists at Montana’s primary stroke centers.

Asthma Control - Since establishing the program in July 2007, The Asthma Control Program has conducted analyses of major asthma-related data sources and disseminated a report describing the burden of asthma in Montana. Using this information, the program and its partners developed a five-year state plan for asthma control. The program has established a statewide asthma workgroup that includes 50 individuals representing

over 30 organizations. The program has also implemented interventions in schools, child daycare settings, and clinical sites across the state to improve care and the quality of life for Montanans with asthma. This includes training 440 school staff on using the asthma friendly school resource guide, including principals and administrators, teachers, coaches, school nurses and office staff.

To increase the number of Certified Asthma Educators in Montana and improve health care professional skills in caring for persons with asthma the program sponsored a review course for the Certified Asthma Educator Exam in June, 2008. Sixty-six health professionals, including nurses, pharmacists, MDs, and respiratory therapists attended the two day review course.

Diabetes and Heart Disease Prevention – As previously described, The Cardiovascular Health Program has successfully implemented a pilot program in four sites that successfully implemented a group-based lifestyle intervention to reduce the risk of developing diabetes and heart disease among adults at high risk. Eighty-three percent of participants completed the 16 session program. There was a significant decrease in participants' weight from baseline (mean 219 lbs) to week 15 (mean 204 lbs). The average weight loss per participant was 16 pounds, and 45% of participants achieved the 7% weight loss goal. This year the program will be expanded to 4 additional sites. All program participants were also assessed regarding tobacco use and referred to cessation services when appropriate.

Comprehensive Cancer Control - The Montana Comprehensive Cancer Control Program (CCCCP) has contracted with local health departments in 13 regions in the state to implement community-based cancer control activities. Based on the state comprehensive cancer control plan, the initial focus is on screening for colorectal cancer. In addition, the program expanded its screening program to eligible women between the ages of 30 and 49 years, and 1,348 women were screened in 2008 (previously eligible women were between the ages of 50 and 64).

Each region has developed a work plan to collaborate with local medical service providers to increase awareness and utilization of colorectal cancer screening. The regional contractors are also establishing local cancer coalitions to support program implementation. As describe previously, the CCCCPC conducted an assessment of capacity to increase colorectal cancer screening, as well as barriers to receiving breast and cervical cancer screenings in the state.

HPV Immunizations

The DPHHS Immunization Program purchased 3,970 doses of HPV vaccine at a cost of \$400,000 during SFY 2009. Funding was provided by the 2007 Montana Legislature as one-time-only tobacco trust fund interest. The vaccine was purchased directly from the manufacturer, Merck & Co., using federal purchasing contracts at \$100.59 a dose, a 20% discount from the retail price of \$125.29. As of January 2009, 85% (3,360 doses) of the HPV vaccine has been shipped to 73 clinics, including county health departments, Indian Health Service Clinics, Urban Indian Clinics, Migrant Health Clinics and Family Planning Clinics. The remaining vaccine will be shipped to participating clinics as orders are received.

As of January 2009, 956 doses of HPV vaccine have been administered to 780 individuals. Approximately 60% of doses have been administered to individuals aged 19 or older. The Immunization Program is confident that our existing supply, enough to vaccinate approximately 1,300 individuals with the three-shot series, will be exhausted by June 30, 2009.

Newborn Screening and Follow Up

In January 2008, Montana joined 44 other states in screening all newborns for 28 metabolic, endocrine, and hematologic genetic conditions recommended by the American College of Medical Genetics and the American Academy of Pediatrics. These conditions are individually rare (incidences from 1 in 3,000 to less than 1 in 100,000 births), but prompt diagnostic testing and treatment of babies identified through screening can reduce morbidity and mortality. Prior to 2008, Montana mandated screening newborns for only phenylketonuria (PKU), galactosemia, congenital hypothyroidism, and hemoglobinopathies; however an estimated half of the babies born in Montana received screening tests for additional conditions at the request of their parents and

providers.

As of January 2009, 12,392 or 99% of the 12,505 births in Montana were screened for metabolic conditions, and 12,021 or 96% were screened for hearing. Sixty three were screen positive for one of the 28 mandated conditions. Of these, seventeen were diagnosed with a condition and are being treated. All of these infants have been definitively diagnosed and referred for clinical management through the newborn screening program and related partners. Babies with diagnosed conditions in 2008 include nine with congenital hypothyroidism, one with PKU, one with a galactosemia variant, one with a disorder of fatty acid metabolism, one with organic acidemia, three with cystic fibrosis, and one with sickle cell anemia.

Public Health Emergency Preparedness

The DPHHS Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) worked closely with local public health agencies and medical facilities to promote and test emergency/disaster planning and response capabilities. In the past two years, state and local efforts addressed several capabilities including training in incident command, improving hospital capabilities, pharmaceutical distribution, and communications.

To meet federal requirements, health agencies have provided basic Incident Command System (ICS) training to staff. Within the PHSD, over 98% of staff attended and completed the two required courses within the last 12 months. In addition, the hospital preparedness staff coordinated the training of over 7,500 hospital workers throughout the state in basic ICS courses. Training in ICS helps ensure a consistent approach to an emergency, allowing personnel from different disciplines and areas to seamlessly coordinate their response.

In addition to training, hospitals supported by HPP funding made significant improvements in other areas. Over the past three years, the collaborative efforts of the DPHHS HPP, EMS and Trauma System Section have helped thirteen hospitals receive *trauma facility designation* and an additional eight hospitals are in the process of receiving this designation. With over one third of Montana's hospitals now participating in the trauma system, we have a strong framework for building increased capability and surge capacity.

State and local responses were tested during exercises and actual events a number of times during the past two years. In all, over seventy After-Action Report/Improvement Plans were reviewed by DPHHS in 2008. As an example of our efforts, local and tribal public health jurisdictions participated in a state-wide full scale exercise, "Operation Big Sky Push" to test local efforts to dispense medical supplies and equipment. Fifty seven local jurisdictions participated and submitted After-Action Reports and Improvement Plans resulting from the exercise. A second exercise, "Operation Big Sky Surprise" tested our ability to receive and store a large shipment of medical supplies. This exercise began with a no-notice request for medical supplies and resulted in a 747 transport plane landing in Billings, transfer of medical assets to eight semi tractor trailers and delivery and off-loading in Helena- all within twelve hours. Montana exceeded expectations and our performance speaks well to our planning and the partnerships we have fostered with the CDC, the Montana Highway Patrol, and our commodities warehouse partners. Nationally, this exercise has only been performed 5 times in the history of the federal program.

State and local public health jurisdictions and hospitals have made significant progress establishing, testing and refining our emergency response systems. Work in all of the areas above is continuing and DPHHS, local public health agencies and hospitals are committed to ensuring systems are in place to respond when needed.

Barriers

- The Laboratory Services Bureau lacks adequate funding.
- Montana needs important information currently maintained by hospitals and emergency departments to adequately describe and address key public health issues affecting our citizens.
- Montana has no public health program to address unintentional injury, the leading cause of death for our citizens aged 1-44 years.

2011 Biennium Goals and Objectives

Department of Public Health and Human Services Public Health & Safety Division	
Goals and Objectives for the 2011 Biennium Submitted September 15, 2008	
Goal: Improve the health of Montanans to the highest possible level	
Objective	Measures
Reduce the burden of chronic disease	<ul style="list-style-type: none"> • Continuously reduce the proportion of high school students smoking cigarettes in the past 30 days • Continuously reduce the proportion of adults currently smoking • Continuously increase the proportion of persons aged 50 years and older who have had a colorectal exam
Objective	Measures
Provide programs to improve the health of women, children and families	<ul style="list-style-type: none"> • Continuously reduce the rate of birth for teenagers aged 15 through 17 years • Continuously increase the proportion of newborns fully screened and when indicated, provided follow up services • Continuously reduce the rate of low birth weight births
Objective	Measures
Provide accurate and timely laboratory testing and results	<ul style="list-style-type: none"> • Continuously increase the proportion of local health jurisdictions and public health clinics with access to accurate, reliable testing services (clinical and drinking water)
Objective	Measures
Prevent and control communicable disease	<ul style="list-style-type: none"> • Continuously increase the proportion of children (19-35 months) fully immunized • Develop baseline information to measure and to continuously increase the percentage of Chlamydia cases in women for which contacts are identified and followed up
Objectives	Measures
Prepare the public health system to respond to public health events and emergencies	<ul style="list-style-type: none"> • All local jurisdictions will participate in a public health emergency exercise every other year. • Continuously increase the proportion of public health workers that have participated in public health training and continuing education opportunities.

DECISION PACKAGES (SEE LFD BUDGET ANALYSIS, PAGES B103-B144)

Vacancy savings information is provided in **Attachment 14**.

1. **PL 70020 - Reduce Lab Base Budget Legislation** - In FY 2008, the laboratory services bureau received a program transfer of general fund that was incorporated in the 2008 base budget. This request will reduce the base budget by \$349,990 and bring the budget to the appropriated 2008 level. The department has introduced a new proposal (NP70022) to request general fund support. (See **LFD Book, page B-140**)

NP 70022 - Restore General Fund for Public Health Labs - This request is for \$330,000 for each year of the biennium in general fund support for the public health and environmental laboratories. In the past nine years, the laboratories have had an average shortfall of \$180,000 in revenue generated by fees. Negative balances have been offset in the past by general fund loans and transfers. Although fees have increased by an average of 22% over the last three years, further fee increases would result in fewer tests submitted and therefore decreased revenue. In addition, the lack of fee revenue has resulted in the inability to purchase replacements for outdated equipment. This request includes \$150,000 per year for equipment replacement. (See **LFD Book, page B-140**)

Justification: The Laboratory Services Bureau provides human clinical laboratory testing, such as for influenza, HIV and newborn screening, and environmental laboratory testing, such as for bacteria, nitrates and heavy metals in water. The laboratories charge fees for testing. However, because our primary mission is to support public health programs, monitor disease on a population basis and provide scientific expertise in emergencies, fees alone have not covered expenses for the needed services.

Despite several significant fee increases, the laboratory fee funds have been short an average of approximately \$180,000 per year over the last nine years. The DPHHS laboratory fees are somewhat market driven. Environmental testing of water is also done by private laboratories who charge fees, and their fees are generally set no higher than the published DPHHS fee. However, private environmental laboratories do not have a mission to respond to public health emergencies or to state and federal regulatory agencies as does the DPHHS laboratory. The clinical testing done in the public health laboratory is also a market that is limited to testing related to public health. Disease surveillance testing is valuable to the public, as they want to be protected from potential disease outbreaks, but the public may not want to pay for individual tests that are used for monitoring purposes to protect public health. (See **Attachment 15**)

Outdated equipment must be replaced in order to keep up with technological advances and new testing methods. Generally, the life span for a complex scientific instrument varies between 5 and 10 years. Establishing an equipment replacement schedule is a sound laboratory management practice, but has not been previously established due to lack of funding for equipment replacement. With state general fund, equipment replacement would be planned, not done on an emergency basis when the equipment breaks down. In addition, vendor maintenance is much more reliable for current equipment than for outdated equipment that no longer has available parts or service. Although \$150,000 per year will fund only one or two pieces of analytical equipment, it will allow us to plan for the future. New or replacement equipment needed now include an ICP/MS (Inductively Coupled Plasma/Mass Spectrometry) for heavy metals analysis of water, an automated analyzer for newborn screening, and a real-time molecular detection analyzer for infectious agents. Each year, new technology is introduced and equipment updates are needed.

2. **NP 70007 - Continue 2009 Biennium Funds: Offset Contraceptive Costs** - This request is for \$500,000 in each year of the biennium to continue one-time-only funding authorized by the 2007 Legislature. These general funds would continue to be used to offset the increased cost of contraceptives

for Title X Family Planning Clinics. Contraceptive costs rose 70% during SFY 2007 and are expected to remain at that level. If the Family Planning Waiver is approved in this biennium, up to \$300,000 from this request can be transferred (see NP 70023) and used for state match with Medicaid funds. (See LFD Book, page B-128)

Justification: The Montana Department of Public Health and Human Services (DPHHS) contracts with 14 family planning agencies in 27 locations that provide comprehensive family planning, medical, counseling and educational services to women in need. In 2006, family planning clinics nationwide began experiencing drastically increased prices for contraceptives. For example, contraceptive patches nearly doubled in price between the second and third quarters of 2006. Price increases for oral contraceptives were even more extreme; one oral contraceptive increased from about one penny for a month's supply to nearly \$19. The increase in contraceptive prices jeopardizes the availability of reproductive health services, including low cost contraception, for low-income and uninsured women in Montana. Contraceptive prices are projected to continue to be high in Montana.

(Sonfield, A. (Fall, 2006) Summer Price Spike: A Case Study About Publicly Funded Clinics and the Cost of Contraceptive Supplies. *Guttmacher Policy Review*, 9(4). Retrieved 11/6/08 from <http://www.guttmacher.org/pubs/gpr/09/4/gpr090402.html>.)

If approved, beginning July 1, 2009, this funding for contraceptive purchase would be included in the SFY 2010 Title X contracts. Title X contracting agencies purchase contraceptives at lower prices than other clinic and physician sites, and pass those savings on the clients.

The goal for this funding will be to assure that Title X clients have access to affordable contraception. Progress will be measured by: 1) having Title X clinics report monthly the type and cost of contraceptives ordered/funds expended for the month and 2) requiring Title X clinics to make available at least two contraceptive options (e.g., oral, patch, ring) to clients.

3. **NP 70100 - Newborn Screening Follow-Up Program** - This request is for \$161,980 in state special revenue (tobacco trust fund interest) each year of the 2011 biennium for operational costs and contracted services for the Newborn Screening Follow Up Program. This funding is necessary to annualize the 2008 base to full year funding in FY 2009 of \$290,000.
4. **NP 70004 - Emergency Dept/Hosp Discharge Data Surveillance** - This request is for \$150,000 for each year of the biennium in state special revenue (tobacco master settlement) for operational costs and for contracted services to be provided by the Montana Hospital Association. (See LFD Book, page B-115)

Justification: The PHSD is seeking legislation through HB 105 to require reporting of both hospital discharge and emergency department (ED) data to the state. As of 2007, the majority of states (38 plus the District of Columbia) have legislation in place to require reporting of hospital discharge data. Twenty-eight of those states collect hospital discharge data directly, and 11 contract with private organizations (e.g., hospital associations) for data collection. Additionally, 27 states are collecting ED data.

The division's mission is to improve the health status of Montanans to the highest possible level. A cornerstone activity to achieve this mission is to conduct public health monitoring to determine the health status of Montanans. Monitoring is critical to guide actions by the department and other health organizations. There are a number of data sources available to help achieve this goal including vital records (births and deaths) and the cancer registry. The major gap in our ability to effectively assess the health status of Montanans is the absence of timely, thorough, morbidity data.

For example, the number of deaths due to unintentional poisoning in Montana has been increasing. Using death records we can tell that this increase began in 1999, and that the use of prescription drugs is related to this increase. However, important morbidity data to investigate this problem for the general

Montana population are not available. Limitations in the current form of the Montana Hospital Association's (MHA) hospitalization data prohibit this type of investigation.

The MHA and the participating hospitals have done a tremendous amount of work to establish a limited hospital discharge data system. However, a number of essential improvements to this system that would increase the quality and markedly increase the usefulness of both the hospital and ED data.

- *Identifiers* for each case to un-duplicate the admission events, and provide a mechanism to identify repeat/recurrent health events, as well as link these data sets to other data sets such as death records.
- Completion of the *e-code fields* that define the exact cause of injury to allow for analyses focusing on injuries, a leading cause of death in Montanans aged 1 to 44.
- *Zip code and cost information* to conduct more detailed geographic analyses and population-based cost-related studies. Key variables needed already exist on the Uniform Billing (UB) form.

As with all public health monitoring data, this information would be analyzed in aggregate, maintaining individual patient confidentiality and strictly following federal and state standards such as HIPAA. The DPHHS collects identifiers for other reportable conditions including communicable diseases and cancer and has had no issues or problems maintaining patient confidentiality.

The DPHHS is not requesting an FTE to manage this program, but would reassign an existing one. Our implementation plan is as follows:

- By September 2009, hire a qualified epidemiologist to manage the program.
- By September 2009, establish administrative rules for this program.
- Ongoing, work collaboratively with the Montana Hospital Association to coordinate data collection and reporting.
- By June 2010, all hospitals in Montana (excluding Federal and State hospitals) will submit hospital discharge data to DPHHS.
- By June 2011, all hospitals in Montana (excluding Federal and State hospitals) will submit ED data to DPHHS.
- Ongoing, DPHHS will publish and disseminate quarterly reports utilizing the ED and hospital discharge data to assess the health status of Montanans.
- Ongoing, DPHHS staff for this program will work collaboratively with other state and local public health programs, and other health organizations to support the utilization of ED and hospital discharge data.

5. **NP 70005 - Establish Injury Prevention Program** - This request is for \$125,000 in state special revenue (tobacco trust fund interest) for each year of the biennium and 1.00 FTE to establish an injury prevention program. The funds will be used to establish a core capacity program that will allow DPHHS to initiate public health monitoring and interventions to reduce the burden of unintentional injury in Montana. (See LFD Book, page B-122)

Justification: Between 2000 and 2005 Montana had the second highest age adjusted injury-related mortality rate in the U.S. (80 per 100,000) just behind Alaska. Montana's fatal injury rate is 40% higher than the national average (55 per 100,000). Of the 4,335 deaths in Montana between 2000 and 2005 from any type of injury, 71% (3,064) were due to unintentional injuries. During that time period, unintentional injuries were the fifth leading cause of death in Montana, and of these deaths 45% were due to motor vehicle traffic crashes, 20% from falls, and 9% from poisonings. Unintentional injuries are the leading cause of death among Montanans 1-44 years of age (1,326 deaths from 2000-2005). Each year Montana has approximately 700 fatalities due to unintentional injuries. This is just the tip of the iceberg. A larger number of Montanans are injured and disabled each year and require ED and hospitalizations but do not die.

This funding would be used initially to address two areas: fall and unintentional poisoning prevention. Key program activities will include analyze existing injury-related data sources to describe the burden of injury in Montana, and disseminating reports describing the burden of injury to key stakeholders in Montana. The program will also establish a statewide injury prevention workgroup to develop a state injury prevention plan, coordinate resources among partners, and identify and implement policies and interventions to reduce unintentional injuries in Montana.

The program will design and implement pilot interventions to reduce injuries in Montana. An example is the "Stepping On Fall" prevention program. This program has been shown to reduce the incidence of falls in the senior population by 30%. It incorporates regular exercise, home safety visits, vision exams, and medication reviews conducted by trained professionals over a seven week period. The program will also work collaboratively with other state agencies, and partners to assess the epidemic of unintentional poisoning in Montana and develop and implement interventions to address this important public health issue.

6. **NP 70014 - MT Health Professional Recruitment and Retention Incentive Program** - This proposal requests \$75,000 in state special revenue (tobacco trust fund interest) in FY 2010 and in FY 2011 for the Montana Health Professional Recruitment and Retention Incentive Program. Recruitment and retention of health professionals is increasingly difficult nationally and especially difficult in rural and frontier settings such as Montana. Federal and state incentive programs such as the National Health Service Corp Loan Repayment and Scholar Program and the Montana Rural Physician Incentive Program (MRPIP) offer some options to providers and facilities seeking to recruit and retain health professionals. A state incentive program aimed at non-physician primary care providers, dental health professionals, and mental health providers has the potential of supporting community efforts to recruit and retain health professionals. The proposed program could support 13-14 providers at \$5,000 each. Administrative costs of up to 10% of the total appropriation would be used to develop and implement the program, advertise, and support facilities and providers. (See LFD Book, page B-129)
7. **NP 70015 - Increased Funding for HIV Treatment** - This decision package requests \$84,000 in state special revenue (tobacco trust fund interest) each year of the biennium for a state supported HIV treatment program. The requested funds would supplement federal funds and allow additional uninsured persons currently on a waiting list (12 additional persons) access to expensive medications for treatment of HIV. (See LFD Book, page B-135)
8. **NP 70019 - Adolescent Immunization** - This request is for \$400,000 per year in state special revenue (tobacco trust fund interest) to support the immunization of adolescents. Funds will be used for HPV, Tdap, Hepatitis B, and Meningococcal vaccines, and a portion will be contracted with local public health agencies to provide outreach and education. (See LFD Book, page B-135)

Justification: Since 2005, three new vaccines formulated specifically for adolescents have been recommended by the Advisory Committee on Immunization Practices (ACIP). Meningococcal conjugate, acellular pertussis, and for females, human papillomavirus vaccines are to be given universally starting at age 11-12 years. The vaccines are expensive: for example, a 12 year old girl or her family could spend \$480 to complete the four vaccines covered in this proposal. The DPHHS Immunization Program estimates that 27% of adolescents and young adults aged 11-26 do not have adequate means of paying for the vaccines recommended by the ACIP.

Because immunity from some childhood vaccines can decrease over time and adolescents are at greater risk of diseases like HPV and meningitis, vaccination is an important part of preventing disease outbreaks. Like many states, Montana has had recent outbreaks of vaccine preventable diseases affecting our teen population. In 2005, almost 600 cases of pertussis (whooping cough) were reported and over 40% of these were teens.

The goals of this project are to assure that all Montana adolescents have access to affordable immunizations regardless of ability to pay and to increase educational activities for adolescent immunizations. Progress will be measured by: 1) monitoring adolescent immunization rates measured at the national and state level; 2) increasing the number of adolescent immunizations recorded in Montana's Immunization Information System; and 3) monitoring adolescent immunization education activities.

If this funding is granted, 75% will be used to purchase vaccine and 25% will be used to contract with county health departments for adolescent immunization educational and data collection activities. The project will be overseen by our Adolescent Immunization Coordinator. Our implementation plan is as follows:

- Vaccine will be purchased starting July 1, 2009 and will be provided to vaccine providers who serve adolescents in public health settings.
 - By July 1, 2009 and January 1 for every year thereafter, county contracts will include funding for adolescent educational outreach to health care providers, adolescents and their parents, as well as data collection activities.
9. **NP 70016 - Local WIC Farmer's Market Support** - This request is for \$30,000 per year of the biennium in state special revenue (tobacco trust fund interest) for local WIC programs to operate Farmer's Market Nutrition Programs (FMNP). In 2007, the Montana WIC participants could purchase locally grown fresh fruits and vegetables at eleven authorized farmers markets. We anticipate that three additional markets would participate in the FMNP if these funds were available. (See LFD Book, page B-129)
10. **PL 8101 - Increase 4% Vacancy Savings to 7%** - The December 15th amendments to the Executive Budget increased the applied vacancy savings rate from 4% to 7%. There is 4% vacancy savings built into agency adjusted base budgets. This decision package includes the additional 3% vacancy savings. Over the biennium the additional savings will be \$67,711 in general fund, \$181,209 in state special revenue and \$419,558 in federal funds.
11. **PL 7101 - Fuel Inflation Reduction** - This request reduces the inflation factor applied to gasoline and diesel expenditures in the Executive Budget and replaces it with an inflation factor of 0%.
12. **PL - Change Funding Source for a Portion of Public Health Home Visiting (PHHV)** - This request is to move \$178,642 in state special revenue from tobacco trust fund interest to state special revenue from the tobacco master settlement agreement (I-146) for the PHHV Program. Approximately 50% of women served by the PHHV program in 2006 were smokers, and received, among a wide range of services, tobacco assessment and cessation services. Therefore, funding a portion of this program with tobacco master settlement funds meets statutory requirements.

Requests for authority to expend state special revenue funds from fees and federal grant funds.

1. **PL 70011 - Authority for Laboratory to Cover Increased Expenses** - This request is for \$125,000 for each year of the biennium in state special spending authority to meet projected increases in DPHHS laboratory supplies and other operating expenses. The increased expenses will be covered by increased laboratory fees. (See LFD Book, page B-140)
2. **PL 70003 - Increased Authority for Children's Special Health Services** - This request is for \$200,000 for each year of the biennium in state special spending authority for anticipated increases in billing revenue from Children's Special Health Care Needs Clinics. The department provides metabolic and cleft cranio facial clinics and bills for those services. Clinic visits (2,202 in CY 2005; 2,455 in CY 2006; 2,732 in CY 2007) and revenue have increased over the last several years, and it is anticipated

that present authority will not cover the amount billed. (See LFD Book, page B-127)

3. **NP 70013 National Laboratory Systems (NLS) Grant** - This request is for \$199,542 in federal spending authority for each year of the biennium to integrate clinical laboratories into public health testing. The purpose of the funding is to facilitate high quality and timely public health laboratory testing that is done in local hospitals and clinics; to facilitate better detection of diseases and tracking of public health threats; and to maintain consistent standards of testing at all clinical laboratories in Montana. (See LFD Book, page B-140)
4. **PL 70001 - Increased Federal Spending Authority For WIC** - This request is for \$1,979,255 in FY 2010 and \$3,403,708 in FY 2011 in federal spending authority for an estimated 5% increase in the Montana WIC Program's funding. The increase will be provided in food dollars, and is calculated based on an average of increases over the past seven years. The new WIC Food Package will be implemented in late 2009. Projections are that each food package will increase in cost an additional \$10.00 to \$15.00. Participation in the Montana WIC Program averages 21,000 per month. We anticipate that USDA will increase our Federal Food Grant to meet this increased need.
5. **PL 70008 - Adolescent Immunization Outreach Program** - This request is for \$57,486 in federal spending authority for each year of the biennium to develop an adolescent immunization project to improve our outreach to the adolescent population and improve the vaccination status for tetanus, diphtheria, whooping cough, meningitis, human papillomavirus, and hepatitis B. This immunization program will help to lessen the disease burden on these children. The staff person that oversees this grant will oversee the funds provided in NP 70019. (See LFD Book, page B-135)
6. **PL 70021 - Nutrition and Physical Activity Program** - This decision package requests \$373,960 in each year of the biennium for increased federal spending authority for the Nutrition and Physical Activity Program. The Program received an increase in federal funding through their cooperative agreement with the Centers for Disease Control and Prevention. (See LFD Book, page B-122)

Justification: The prevalence of overweight and obesity has increased significantly among Montana adults and youth in the past decade. In 2007, 39% of adults Montanans were overweight, 23% are obese, and 42% did not meet minimum physical activity guidelines. In 2007, 10% of Montana high school youth were obese, 22% report watching three or more hours of TV per day on school days, and less than half report meeting minimum physical activity guidelines of 60 minutes of moderate to vigorous physical activity every day.

Montana is one of 23 states to have received a five-year grant from the Centers for Disease Control and Prevention (CDC) for the purpose of preventing and controlling obesity. During the period July 2004 through June, 2008, Montana received a capacity-building grant from the Centers for Disease Control and Prevention of approximately \$450,000 annually to develop and strengthen an obesity-prevention infrastructure in the state. These resources have been used to a) establish the Montana Nutrition and Physical Activity Program (MT NAPA), b) facilitate a statewide coalition of stakeholders to develop the 2006-2010 Montana Nutrition and Physical Activity State Plan to Prevent Obesity and Other Chronic Diseases, and c) pilot nutrition and physical activity interventions in collaboration with selected local health departments and other key partners. The additional funding from CDC is being used to enhance the MT NAPA Program to provide funding to local health departments to support local and regional efforts to promote physical activity and healthy nutrition and provide technical assistance to key partners. These programs are implementing activities in Montana worksites, grocery stores and restaurants, hospitals and communities to increase physical activity levels and promote healthy diets.

7. **NP 70023 - Family Planning Waiver** - This proposal is to implement the Montana Plan First, Montana's Section 1115 Family Planning Waiver. Montana applied for this waiver in July 2008. This request is for \$500,000 in federal spending authority for the biennium. Once the waiver is approved,

the Department proposes to transfer the funds to the Health Resources Division. If the waiver is approved in this biennium, the executive proposes using up to \$300,000 in general fund from NP 70007 (Contraceptives) as state match in this waiver.

SIGNIFICANT ISSUES

We do not anticipate any significant obstacles or challenges to implementing the decision packages described above or to ensuring achievement of the goals and objectives for the 2011 biennium.

LEGISLATION

HB 105 An Act Creating the Emergency Department and Hospital Discharge Data Reporting Act - The purpose of this legislation is to require Montana hospitals to provide data related to the treatment of persons admitted to a hospital or treated in the emergency department of a hospital to the DPHHS to monitor the morbidity and mortality of Montana citizens statewide. Montanans are currently unable to adequately understand patterns of morbidity and mortality related to important health issues such as motor vehicle crashes, heart disease, stroke and many others. This is necessary to identify and improve disease prevention and control efforts and to set public health policy. The act provides for confidentiality of the data, allows for rulemaking and establishes immunity from liability for reporters to the system.

HB 114 An Act Providing for Recognition of Licensure and for Registration of Out-of-State Volunteer Professionals during a Disaster or Emergency - The purpose of this legislation is to allow Montana to quickly utilize out-of-state volunteer professionals during an emergency or disaster. The Act establishes disciplinary sanctions for volunteers, allows for rulemaking and provides limited immunity for the actions of voluntary professionals.

LIST OF SIGNIFICANT DEPARTMENT INITIATIVES

The significant initiatives that will be tracked and reported on from a Department-wide point of view are:

- **Home and Community Based Services Expansion**
 - Senior and Long Term Care Division
- **Healthy Montana Kids**
 - Health Resources Division
 - Human and Community Services Division
- **Family Economic Security Grant**
 - Human and Community Services Division
- **Autism Waiver**
 - Disability Services Division
- **Medicaid for Workers with Disabilities**
 - Health Resources Division
 - Disability Services Division
- **Goal 189 for Montana State Hospital Census**
 - Addictive and Mental Disorders Division
- **Immunization**
 - Public and Health and Services Division
- **Family Planning**
 - Health Resources Division
 - Public and Health and Services Division

ROLE OF DIVISION IN SIGNIFICANT DEPARTMENT INITIATIVES

- **Immunization**

DP 70019 - The Public Health & Safety Division would be the lead division in assuring that Montana adolescents have access to affordable immunizations regardless of ability to pay and to increase

educational activities for adolescent immunizations. If this funding is granted, 75% would be used to purchase vaccine and 25% would be used to contract with county health departments for education and data collection activities. Progress will be measured by monitoring adolescent immunization rates measured at the national and state level; increasing the number of adolescent immunizations recorded in Montana's Immunization Information System; and monitoring adolescent immunization education activities.

- **Family Planning**

DP 70007 and DP 70023 - The PHSD will again be the lead in distributing contraceptive funding to Title X clinics and assuring that clients have access to affordable contraception. Progress will be measured by having Title X clinics report the type and cost of contraception ordered/funds expended monthly and assuring the availability of at least two contraceptive options in each Title X clinic. As has been the case in the current biennium, we anticipate these funds will not keep pace with the current demands.

Upon approval of the Medicaid Family Planning Waiver - Plan First Montana, the PHSD will work closely with the Health Resources Division (HRD) to transfer funds needed for the state matching requirement to implement it. In addition, we will work with HRD to assure clients who become eligible for Medicaid under this waiver are provided with the necessary information to enroll.

EXHIBIT 1
DATE 2-10-09
HB 2

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



Brian Schweitzer
GOVERNOR

Anna Whiting Sorrell
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov

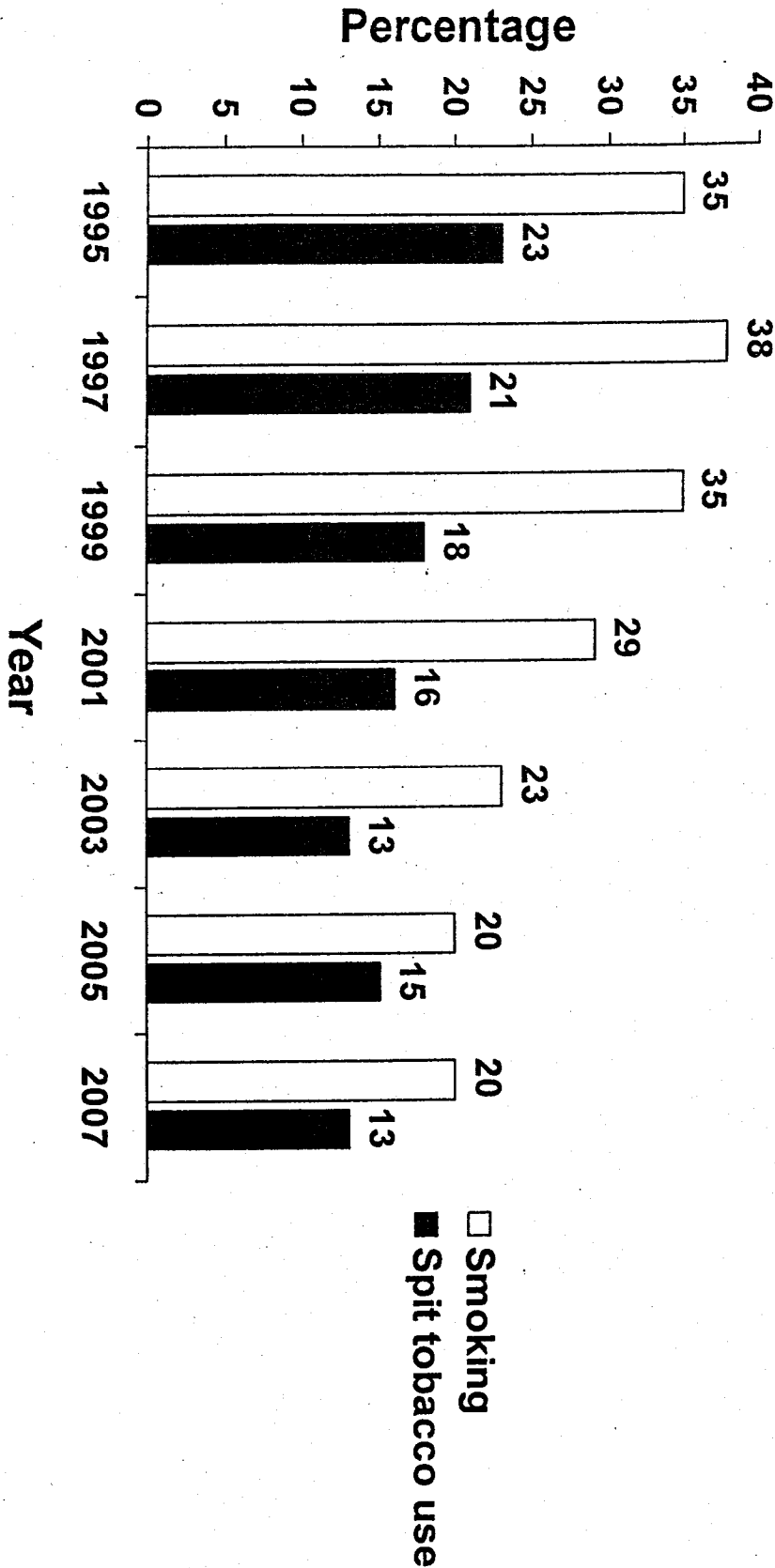
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Presentation to the 2009 Health and Human Services
Joint Appropriation Subcommittee

PUBLIC HEALTH & SAFETY DIVISION

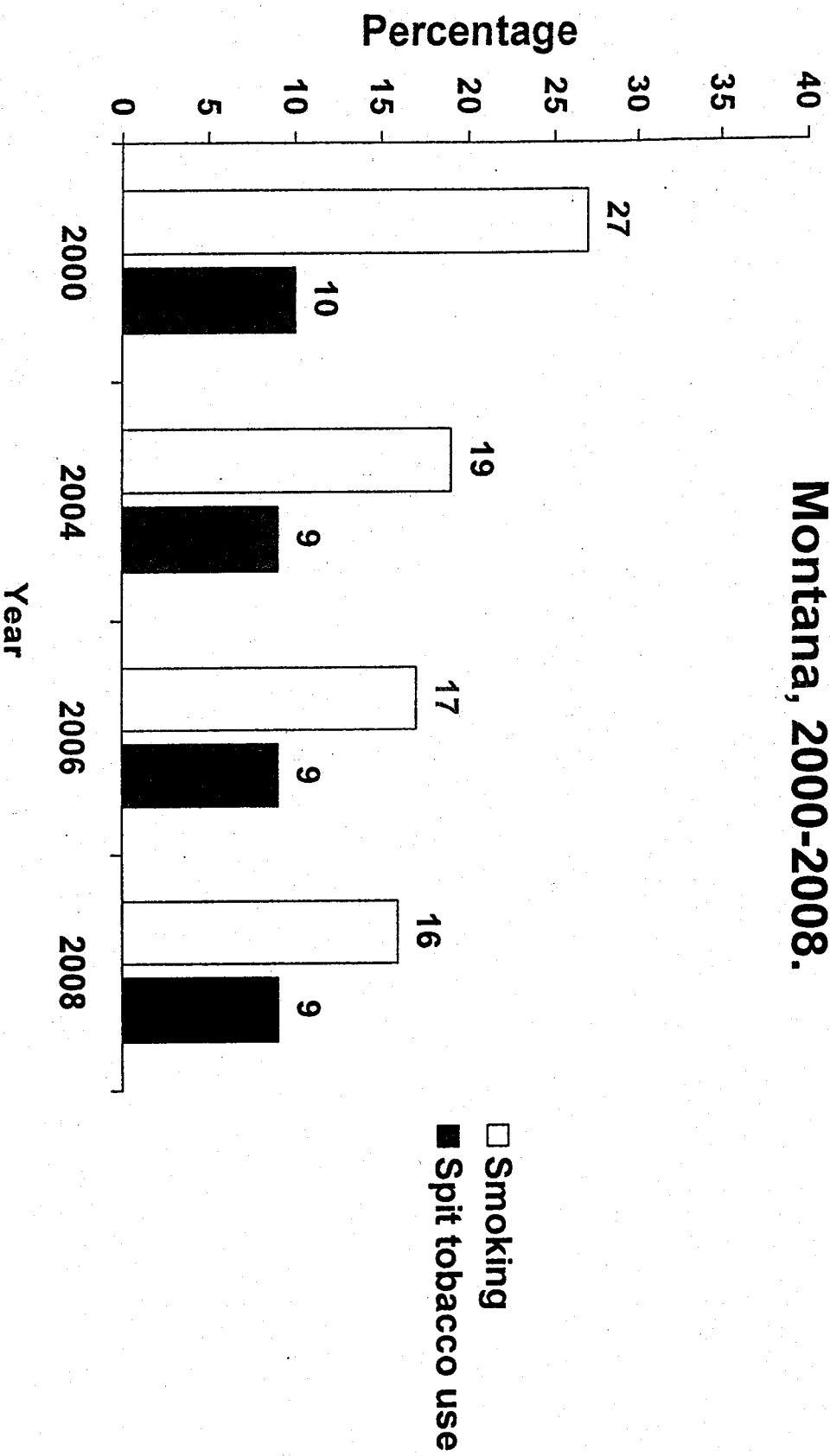
Attachments

Prevalence of smoking and spit tobacco use (past 30 days) among high school youth*, Montana, 1995-2007.



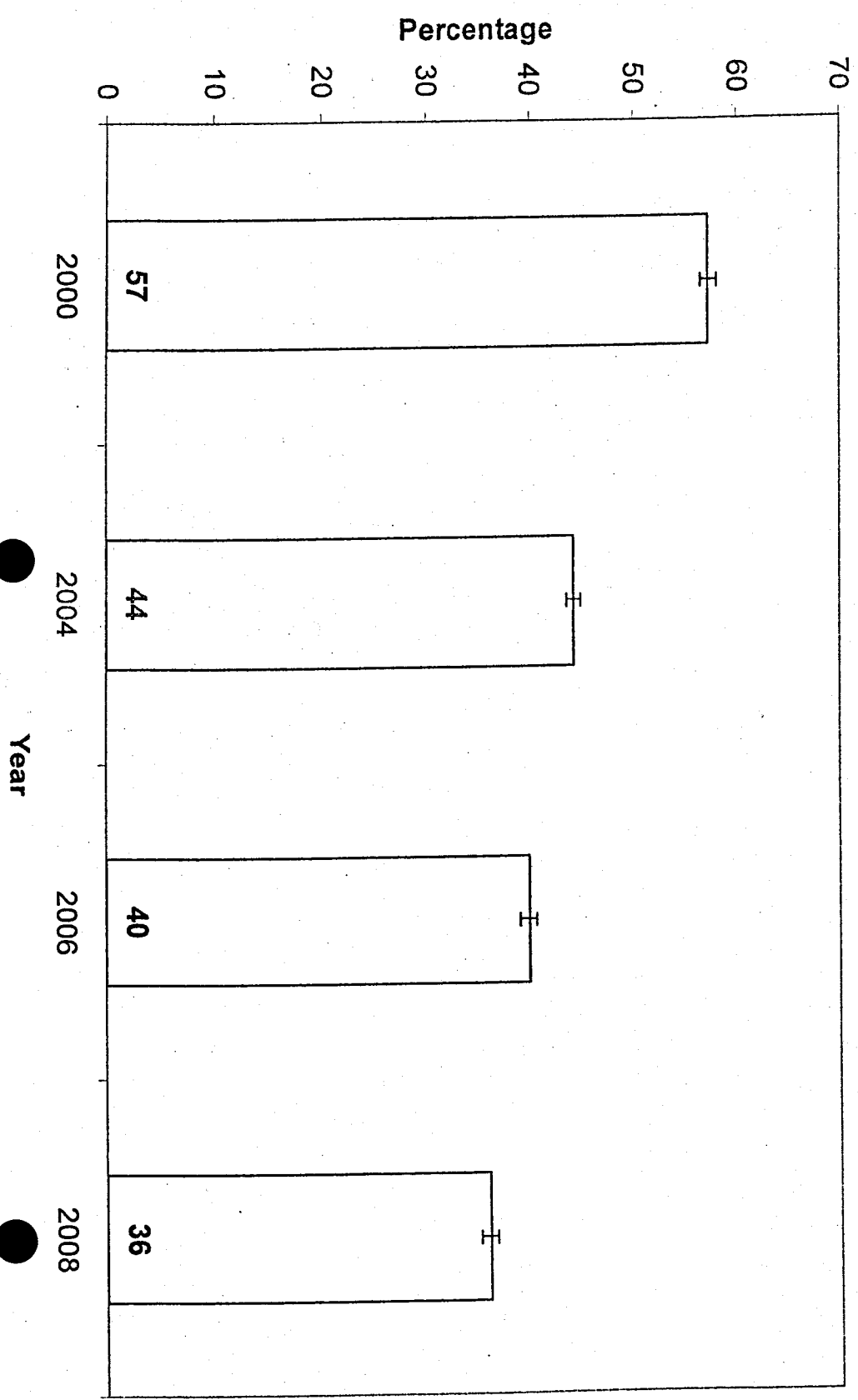
*Youth Risk Behavior Survey, Office of Public Instruction

Prevalence of smoking and spit tobacco use (past 30 days) among youth*, Montana, 2000-2008.

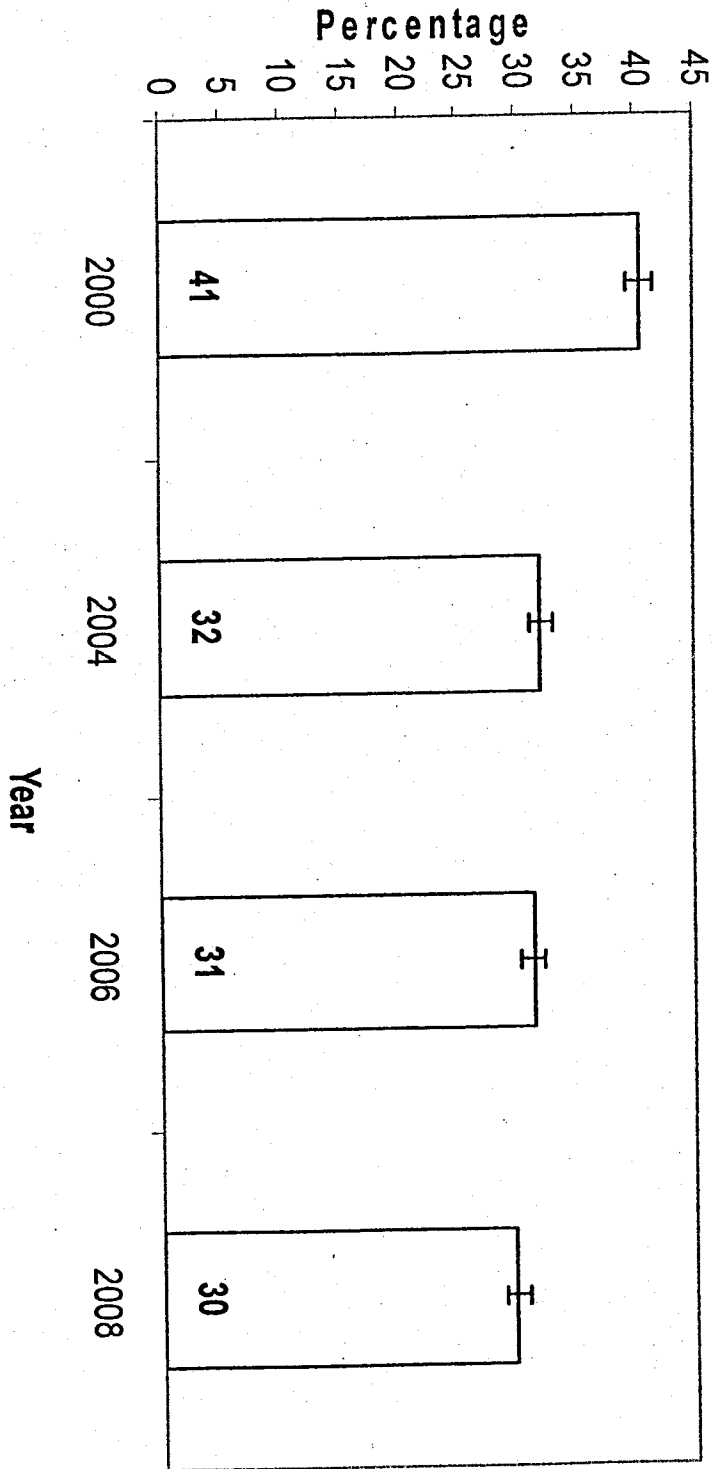


Addictive and Mental Disorders Division, Montana DPHHS *Prevention Needs Assessment survey (includes 8th, 10th, and 12th grade students).

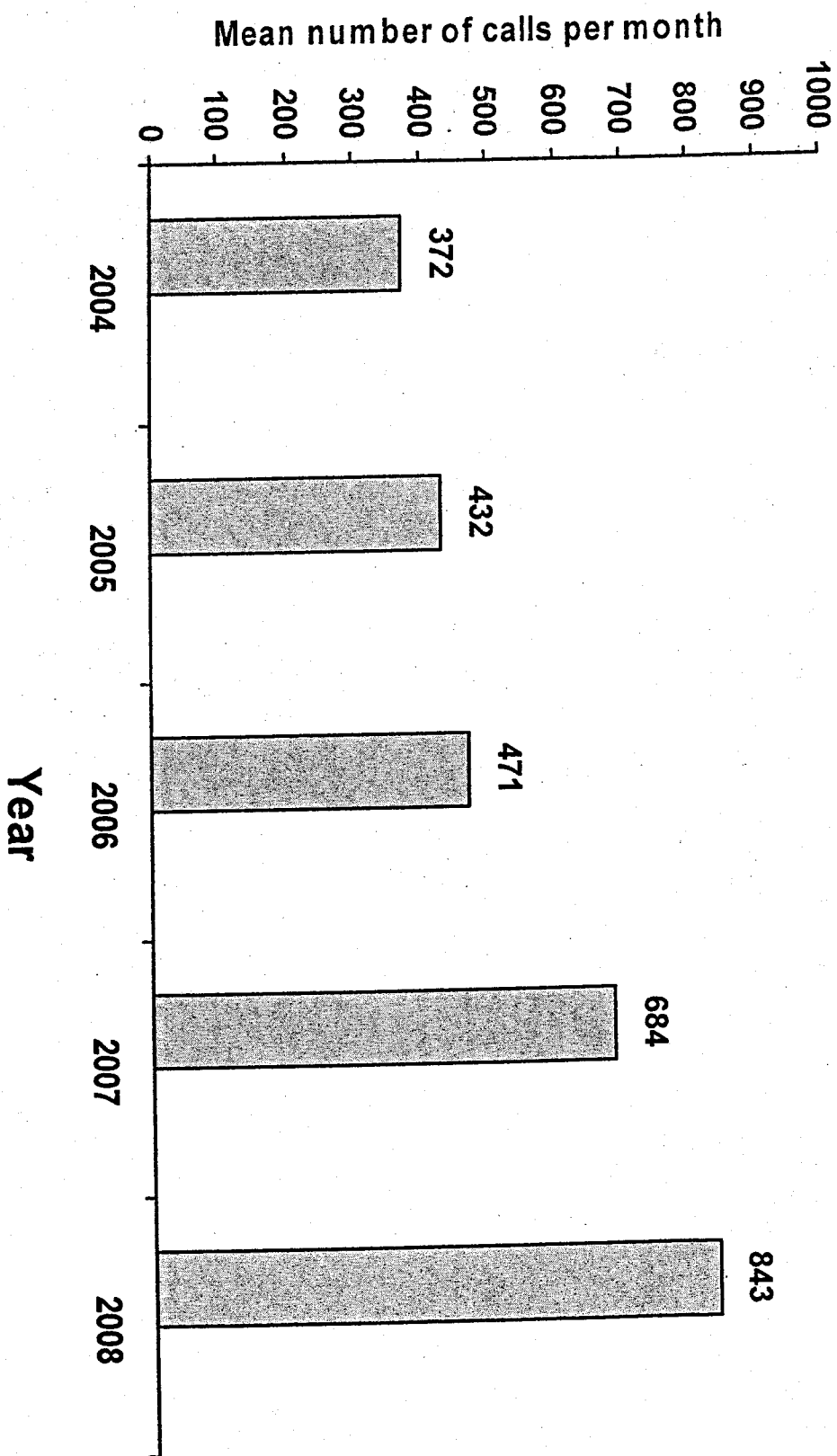
Percentage of youth who have ever tried cigarettes in grades 8, 10, and 12, Montana PNA, 2000-2008

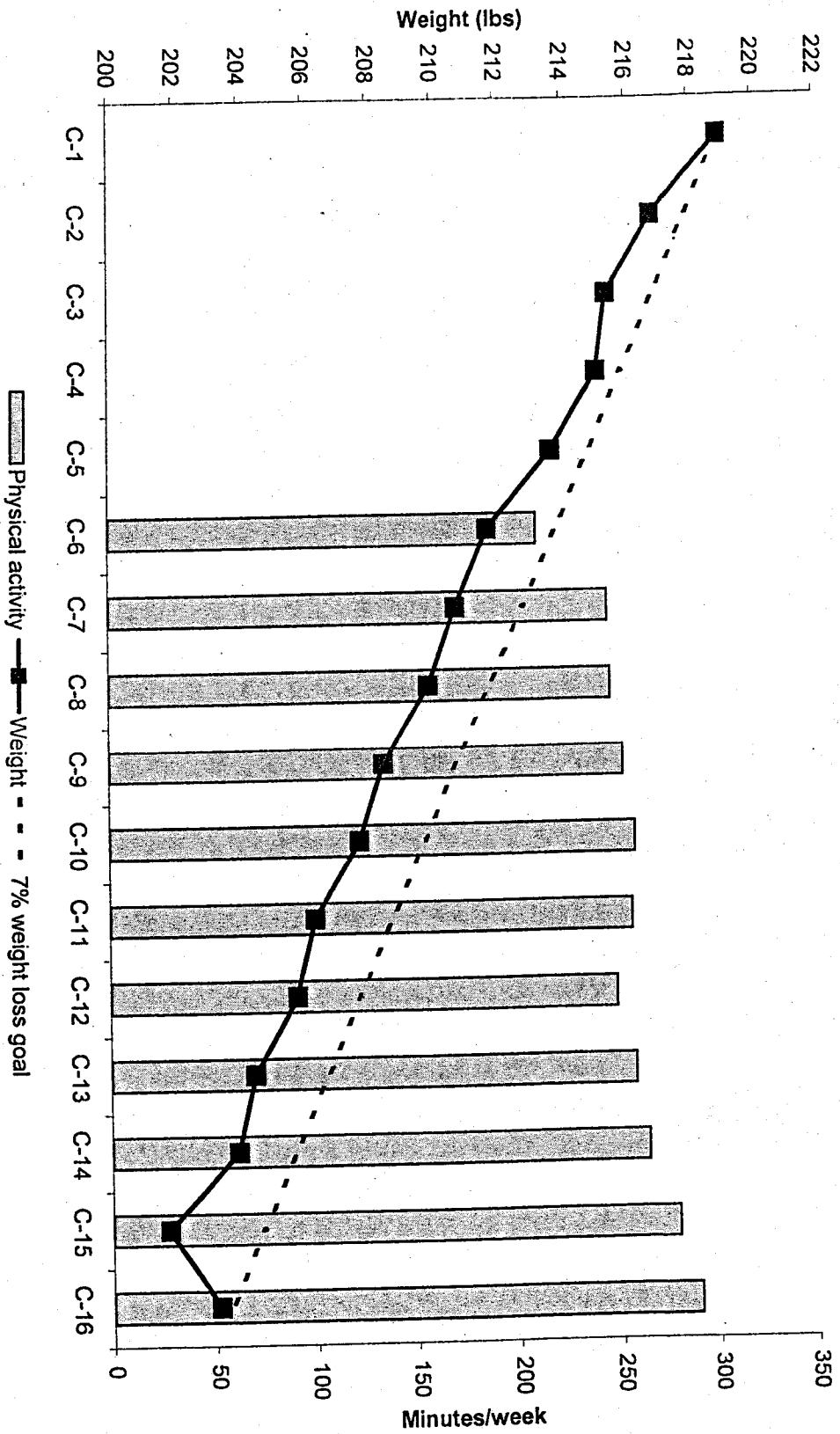


**Percentage of boys who have ever tried smokeless tobacco
in grades 8, 10, and 12,
Montana PNA, 2000-2008**

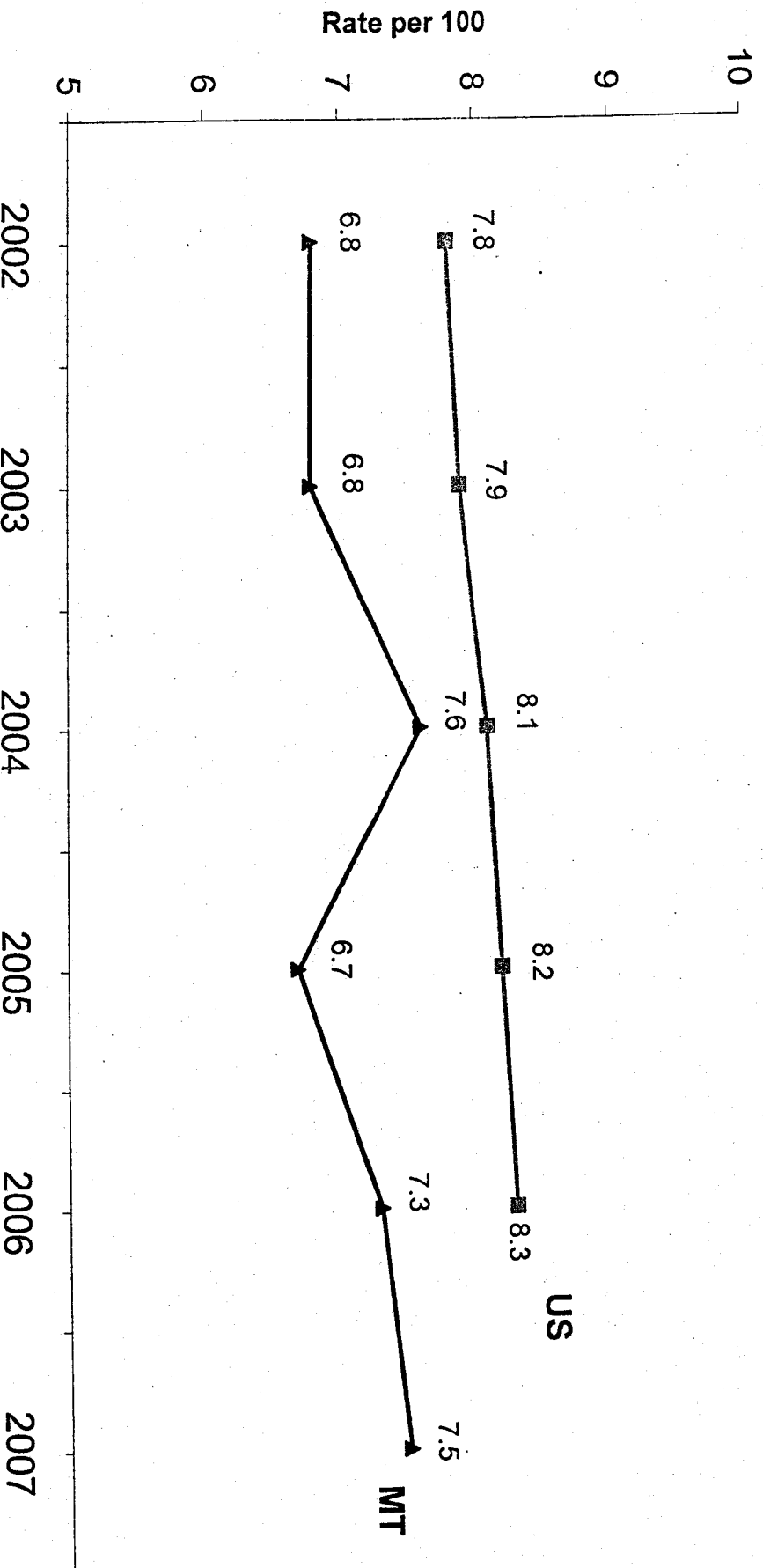


Mean number of intake calls per month to the Montana Tobacco Quit Line, 2004 to 2008.





Low birth weight, Montana rate compared to US rate, 2002 - 2007



Source: National Center for Health Statistics.

*2007 Rate for Montana is estimated based on Montana Office of Vital Statistics data. US rate is not available.

Public Health Home Visiting Key Outcome Measures

#1: Tobacco Use Change During Pregnancy

Change in Tobacco Use Among PHHV Clients Reporting Use During Pregnancy (n=474) SFY 2006**

	Decreased	36%
	Stopped	30%
	Decreased or Stopped	67%

**Includes clients who reported tobacco use during their pregnancy and were enrolled in the PHHV program through the pregnancy outcome.

#2: Illicit Drug Use Change During Pregnancy

Change in Illicit Drug Use Among PHHV Clients Reporting Use During Pregnancy (n=167)* SFY 2006

	Decreased	13%
	Stopped	59%
	Decreased or Stopped	72%

*Includes clients who reported drug use during their pregnancy and were enrolled in the PHHV program through the pregnancy outcome.

#3: Alcohol Use Change During Pregnancy

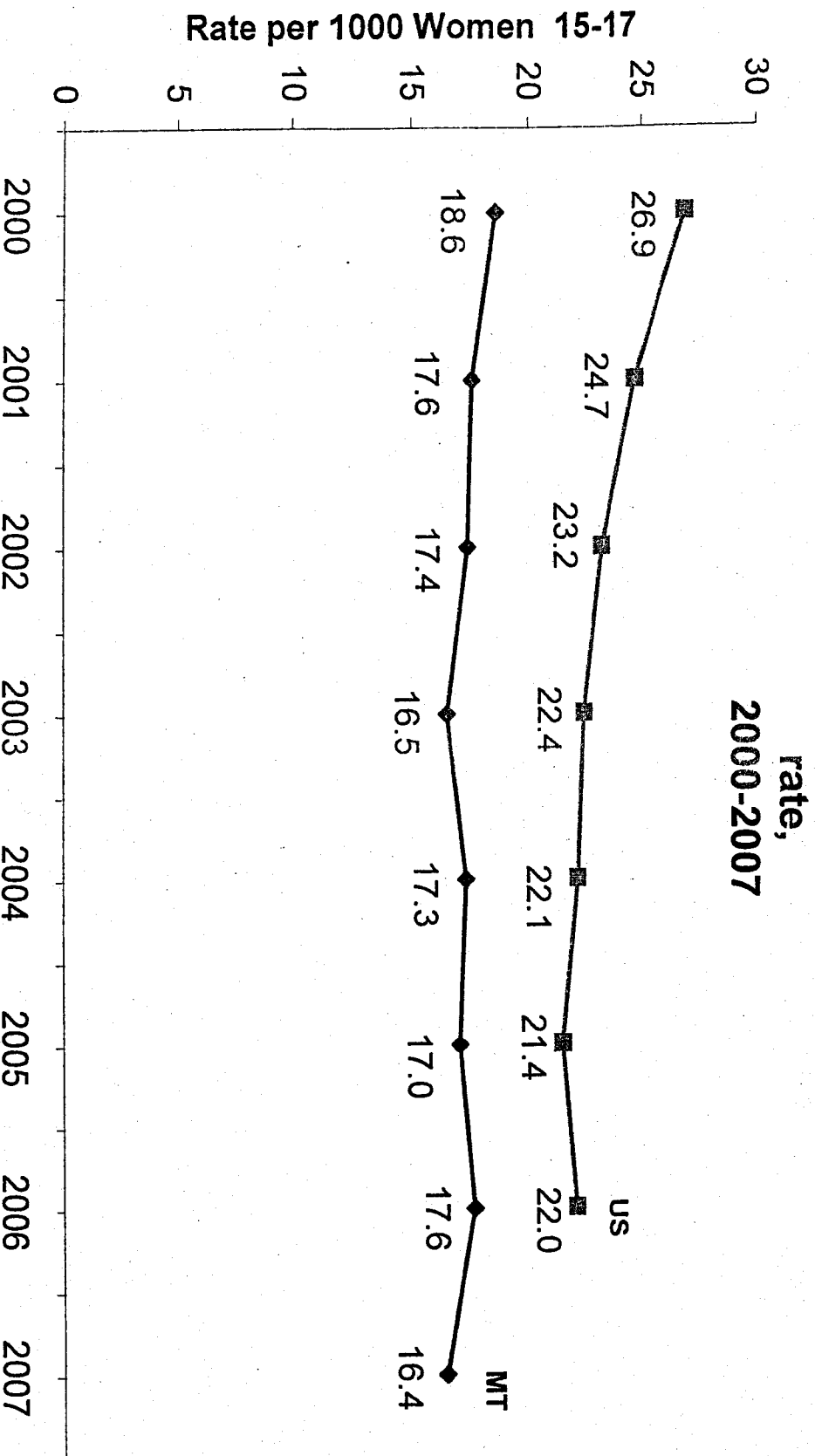
Change in Alcohol Use Among PHHV Clients Reporting Use During Pregnancy (n=289)* SFY 2006

	Decreased	7%
	Stopped	72%
	Decreased or Stopped	79%

*Includes clients who reported alcohol use during their pregnancy and were enrolled in the PHHV program through the pregnancy outcome.

Data source: PHHV program data

Births to teens aged 15-17 years, Montana rate compared to US



Source: National Center for Health Statistics.

*2007 Rate for Montana is estimated based on Montana Office of Vital Statistics data. US rate is not available.

Preliminary Report

Contract with Lincoln County Board of Health for Asbestos Related Disease

February 6, 2009

Attached is a summary report for the contract with the Lincoln County Board of Health (LC) for asbestos related disease (ARD). Funds for this contract were appropriated in 2007 in HB2. Two programs in Lincoln County were sub-contracted to provide services: ARDNET (Asbestos Related Disease Network) and LAMP (Libby Asbestos Medical Plan). Preliminary and final reports for services provided beginning on July 1, 2007, were required in the contract.

Data Qualifiers:

- All data requested from the ARDNET program have been received and this information is complete to date.
- The data for the LAMP program for the reporting period 1/1/08 – 6/30/08 are based on their preliminary report. The final report due on 12/31/08 has not been received.
- DPHHS requested a letter from the contractor, LC, stating that the programs operate in conformity with the requirements of the contract, and that the expenses reimbursed meet the criteria allowed in the contract. This letter has not been received.

Significant Information:

- The contract was overspent in the first year, and apparently first year claims were paid retroactively with money received for the second year. ARDNET and LAMP together spent \$914,890.70 during the time period 07/01/07 to 06/30/08, but total state funds available for that period were only \$750,000. Review of the available reported data noted a marked increase in the expenditures from the first six-month period to the second, particularly by LAMP. The budget estimate for LAMP provided by LC for the time period 11/1/07 to 6/1/08 was \$575,000, but expenditures by LAMP for 7/1/07 to 6/30/08 were \$748,588.88.
- A total of 986 patients received benefits from the \$918,890.70 expended.
- ARDNET's budget estimate for the same period was \$200,000, and their actual reported expenditures were \$166,301.82.
- There is no standard protocol for ARD screening. Various procedures for various patients were reimbursed by LAMP.
- Procedures were funded by LAMP with no apparent connection to ARD, e.g., a mammogram, polysomnography (sleep study), gall bladder removal and heart-related procedures such as echocardiography.
- Since this program is funded by the State of Montana, it should be noted LAMP funding has been extended to individuals who are no longer residents of Montana.

Lincoln County Board of Health ARD Contract Draft Report

Reports from July 1, 2007 to December 31, 2007

ARDNET Final Data

Expenditure Categories	Patients Receiving	Amount
Services		
Personal Care	53	\$ 51,552.56
Nutritional supplement	19	\$ 1,666.10
Mileage for medical care	6	\$ 725.63
Medical Case Management	63	\$ 7,015.00
Equipment	2	\$ 120.00
Administration costs charged to grant		
Total	63	\$ 61,079.29

LAMP Final Data

Expenditure Categories	Patients Receiving	Amount
Services		
Screening	236	\$ 177,132.14
Personal Care	26	\$ 34,377.69
Prescriptions	18	\$ 12,088.31
Mental Health	1	\$ 1,440.00
Other	280	\$ 57,510.05
Administration costs charged to grant*		\$ 21,091.50
Total	561	\$ 303,639.69

* Administration costs for this period are 6.1% of all LAMP claims paid

Total LAMP enrollment is 2451 patients

Total ARDNET+LAMP 7/1/07 to 12/31/07

\$ 364,718.98

GRAND TOTAL ARDNET+LAMP 7/1/07 to 6/30/08

\$ 914,890.70

Reports from January 1, 2008 to June 30, 2008

ARDNET Final Data

Expenditure Categories	Patients Receiving	Amount
Services		
Personal Care	63	\$ 93,682.53
Nutritional supplement	19	\$ 2,204.50
Mileage for medical care	11	\$ 1,210.50
Medical Case Management	75	\$ 8,125.00
Equipment	0	\$ -
Administration costs charged to grant		
Total	75	\$ 105,222.53

LAMP Preliminary Data

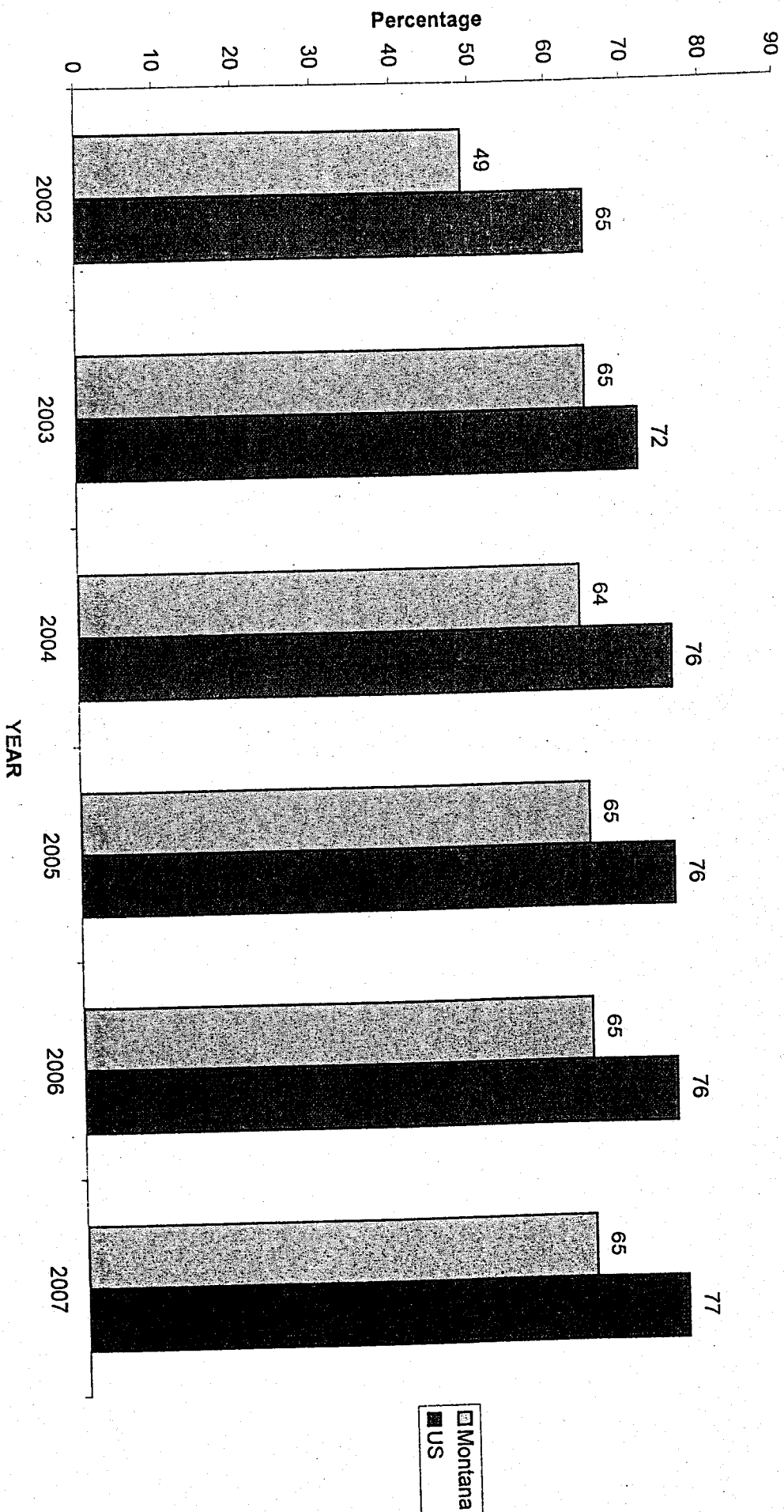
Expenditure Categories	Patients Receiving	Amount
Services		
Screening	243	\$ 144,896.65
Personal Care	22	\$ 27,027.42
Prescriptions	19	\$ 11,343.67
Mental Health	1	\$ 1,795.42
Other	421	\$ 231,928.14
Administration costs charged to grant*		\$ 27,957.89
Total	706	\$ 444,949.19

* Administration costs for this period are 6.7% of all LAMP claims paid

Total ARDNET+LAMP 1/1/08 to 6/30/08

\$ 550,171.72

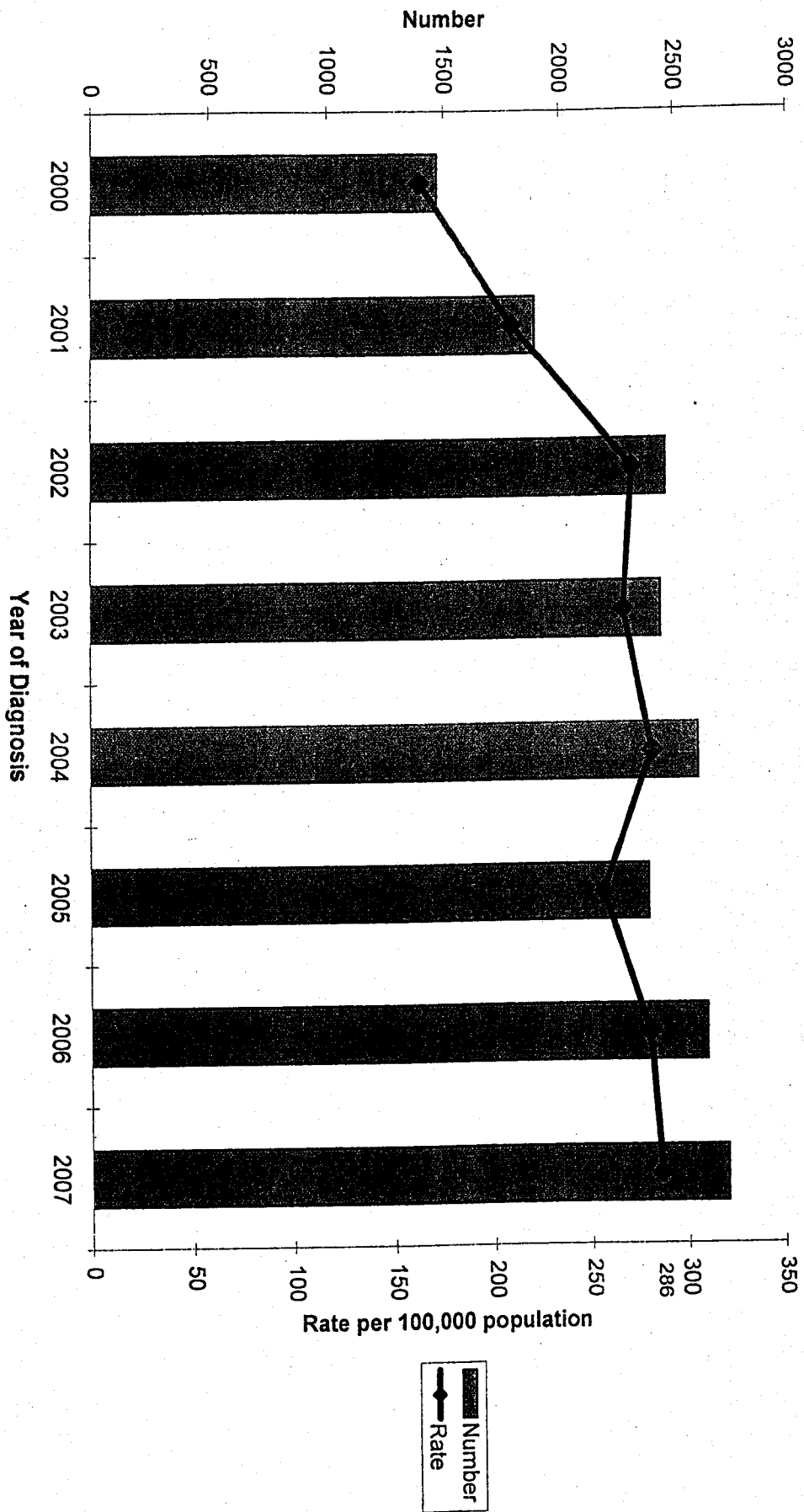
Proportion of children ages 19-35 months fully immunized*, Montana 2002-2007



Source: CDC National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey, 2002-2007

*Vaccine series recommended by Advisory Committee on Immunization Practices (4:3:1:3:3:1)

Number and Rate of Chlamydia Infections Reported in Montana, 2000-2007



Source: Montana STD Program, STD*MIS Database, funded by the Centers for Disease Control and Prevention

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES



Brian Schweitzer
GOVERNOR

Anna Whiting Sorrell
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov

PO BOX 4210
HELENA, MT 59604-4210
(406) 444-5622
FAX (406) 444-1970

To: Health and Human Services Subcommittee
Representative Teresa Henry, Chair

From: Public Health and Safety Division

Date: January 23, 2009

Re: Questions from the Subcommittee on vacancy savings and retirement

Question #1 How many positions are vacant now (January 2009) and what do they do? Why are they open?
Which of these positions are held open to meet vacancy savings?

This table provides the answers to all of the questions. This data is as of January 15, 2009

PHSD	Advertised	Office Support Specialist II	1.00
	Filled	Bureau Chief	1.00
		Health Education Specialist	1.00
		Prevention Specialist	1.00
	Hard to Fill	Epidemiologist	3.00
	Interviewing	Financial Specialist I	1.00
		Health Education Specialist	1.00
		Nurse Consultant	1.00
		Program Coordinator	1.00
	Under review	Clinical Lab Specialist	1.00
		Financial Specialist II	1.00
		Health Education Specialist	0.50
		Office Support Specialist I	1.00
		Prevention Specialist	1.00
		Program Coordinator	2.00
Vacancy Savings	Other/Prof-prof	0.02	
	Program Coordinator	1.00	
Will be advertised shortly	Health Education Specialist	1.00	
	Licensing Specialist I	1.00	
	Regulatory Program Manager	1.00	
	Section Supervisor	1.00	
PHSD Total			22.52

Question #2 How many positions would have to be held open to make the 4 percent vacancy savings? (Annual number) What groups of positions are most likely to be open and what do they do? See LFD Analysis, page B _____. (Fill in page number where vacancy savings can be found)

FY09

183.02 FTE X 4% = 7.32 FTE (Based on the assumption that all FTE are funded proportionally)

(Page B-112) – The Public Health and Safety Division has difficulty recruiting persons with specific types of public health training. These include persons with Master's of Public Health degrees of any kind, epidemiologists, clinical laboratory specialists, chemists, nurses, sanitarians, health educators. Of the 22.52 positions that are currently vacant; these positions make up 55.5% of the current vacancies.

Question #3 What is the division's total 7 percent vacancy savings and how many positions would have to be held open to make the 7 percent vacancy savings? What additional positions (by group) are most likely to be open and what do they do? List only the additions to the 4 percent list.

FY09

183.02 FTE X 7% = 12.81 FTE (Based on the assumption that all FTE are funded proportionally)

Additional open positions needed to achieve the 7% vacancy savings will likely be similar or the same types of positions as those listed in response to Question #2 above.

Question #4 Of the division's anticipated retirements, what positions do the retirees hold? Is the estimated payout still in line with the estimates on page B-4 of the LFD Analysis?

The division's employees eligible for full retirement retirements based on projections using the data provided by DOA are 94 FTE for the biennium. The anticipated compensated absence liability of \$130,368 is still in line with the estimates on page B-4 of the LFD analysis. The following table shows the retirements that have occurred in the past two fiscal years in general job categories.

Management	Pay Bands (7,8,9)	25%
Professional/Program	Pay Bands (5,6,7)	50%
Administrative	Pay Bands (2,3,4)	25%
		100%

Question #5 Would the division make cuts in the operating budget to meet vacancy savings? Please identify.

If needed to achieve the target amount of vacancy savings, the division can consider reductions in travel, training, equipment purchases and other discretionary operating costs. All operating budget reductions for this purpose will be subject to the review and approval of the agency senior management team in light of overall agency priorities.

The division has already submitted a 5% Reduction Plan to the OBPP in preparation for the 2009 session which will be used to guide the initial division fiscal reductions if it becomes necessary.

Question #6 If the division should have to make cuts to services, which services would be reduced first? Does the division have the authority to eliminate any programs during the interim? Please list the programs.

Elimination of programs and services is not at the discretion of the division. If program or services reductions are required, the DPHHS senior management team will assess the agency priorities, critical service needs, federal and state mandates, as well as fiscal targets, and make recommendations to the Governor for his consideration.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 8, MONTANA OFFICE
FEDERAL BUILDING, 10 W. 15th STREET, SUITE 3200
HELENA, MONTANA 59626

Ref: 8MO

June 15, 2007

Ms. Anne Weber, Chief
Laboratory Services Bureau

Ms. Judy Halm, Supervisor
Environmental Laboratory Services

Montana Department of Public Health and Human Services
Cogswell Building
1400 Broadway
P.O. Box 202951
Helena, MT 59620

Dear Ms. Weber and Ms. Halm:

This letter is to express my sincere appreciation for the work performed by Mr. Wayne Svec of the Environmental Services Laboratory during the period of May 25 to May 31, 2007. On extremely short notice, and over the Memorial Day weekend, Mr. Svec provided critical GC-MS analytical support to EPA's emergency response to solvent contamination of a public water system on the Rocky Boy Reservation. You may know that several commercial laboratories in Montana had refused to provide analytical services over that weekend; without Mr. Svec's efforts, EPA's response would have been delayed by several days, severely hampering the efforts needed to remove the public health threat.

Mr. Svec's professional and responsive assistance became the cornerstone of EPA's response, allowing EPA to identify the contaminants and to verify which of the Reservation's interconnected water systems were affected by the contamination. It was also critical to the assessment of the health threats and cleanup levels performed by the Agency for Toxic Substances and Disease Registry (ATSDR).

Please extend my appreciation to Mr. Svec.

Sincerely,

A handwritten signature in dark ink, appearing to read "John F. Wardell", is written over a horizontal line.

John F. Wardell

Director

MONTANA PUBLIC HEALTH LABORATORY

1400 BROADWAY
PO BOX 4369
HELENA, MT 59604-4369

CLIA ID 27D0652531
1-800-821-7284

Provider: Susie Zanto
Draw Date: 1/28/2009 4:28 PM
Delivery Date: 1/28/2009 8:00 PM
Approval Date: 2/2/2009 3:58 PM

Patient name: Malmstrom White Powder,
Sample ID: 708068
Patient ID:
Sex: U Age:

341ST MEDICAL GROUP/SGSL
LABORATORY
7300 N PERIMETER RD
MALMSTROM AFB, MT 59402-6780

Entered by: Carrie Biskupiak
Phlebotomist: N/A

Multiple Agent Screen

CB, CLSP

Ref. Range/--

Specimen Source	Other; Powder in Damaged Envelope	
Bacillus anthracis PCR	Bacillus anthracis NOT Detected	Bacillus anthracis NOT Detected
Yersinia pestis PCR	Yersinia pestis NOT Detected	Yersinia pestis NOT Detected
Francisella tularensis PCR	Francisella tularensis NOT Detected	Francisella tularensis NOT Detected
Brucella spp. PCR	Brucella spp. NOT Detected	Brucella spp. NOT Detected
Burkholderia spp. PCR	Burkholderia spp. NOT Detected	Burkholderia spp. NOT Detected
Orthopoxvirus PCR	Orthopoxviruses NOT Detected	Orthopoxviruses NOT Detected
Ricin DNA PCR	Ricin DNA NOT Detected	Ricin DNA NOT Detected
Ricin Toxin TRF	Ricin Toxin NOT Detected	Ricin Toxin NOT Detected

Multiple Agent Screening by Real Time PCR and Time Resolved Fluorescence Interpretation

Real-time PCR analysis detects specific nucleic acid amplification products as they accumulate in real-time. Real-time PCR uses a fluorescently labeled oligonucleotide probe, which eliminates the need for post-PCR processing. It is capable of screening genetic activity within hours using a minimal amount of sample material, and can detect a single molecule of DNA or RNA.

Time resolved fluorescence detects specific antigens using a solid phase, non-competitive sandwich ELISA and the unique fluorescence properties of lanthanide chelate labels. This methodology has high sensitivity and a wide dynamic range, and is used to test for Ricin toxin.

PCR NOT Detected: No evidence of nucleic acid from the specific agent present at levels detectable by this assay.

PCR DETECTED: Nucleic acid is present; results are consistent with presence of the specific agent. Confirmation of the result by a second rapid test and/or conventional bacteriologic methods will be performed.

PCR Inconclusive: Unable to determine the presence or absence of nucleic acid from the specific agent. This could be the result of poor specimen quality.

Ricin NOT Detected by TRF: No evidence of Ricin toxin present in the environmental sample at levels detectable by this assay.

Ricin DETECTED by TRF: Ricin toxin is present in the environmental sample.

Ricin Inconclusive by TRF: Unable to determine the presence or absence of Ricin toxin in the sample.

Bacterial Culture Environmental Screen

LD, CLSP

Ref. Range/--

Specimen Source	Other; Powder in Damaged Envelope
B. anthracis Environ Screen	No Growth consistent with Bacillus anthracis
F tularensis Environ Screen	No growth consistent with Francisella tularensis
Y pestis Environ Screen	No growth consistent with Yersinia pestis
Brucella Environ Screen	No growth consistent with Brucella spp.
Burkholderia spp. Env Scrn	No growth consistent with Burkholderia spp.

Sample ID: 708068/1
END OF REPORT (Final)

Reviewed by: _____